CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAI

V. S. No. 1

Soo instructions on back of cortificate

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7	R.	5	1
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Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(23)
County Prince George	Registration Dist. No. 342
Village or City Capital Heights	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Welen Ruth, a	-121
	OCH Word
(a) Residence: No. // O X) hattyack (ii) (Usual plage of abode) (Cosae	tal Health med If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH To B 3
t W Single	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(ii) WIFE 01	Nov 28, 135, 10 Feb 3, 1936
6. DATE OF BIRTH (month, day, and year) Oct. 9, 1910	I last saw h. alive on Falo, 1926; death Is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated abova, at 1/23 Pm.
a or or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importanca were as follows: Date of onest
8. Treda, profession, or particular kind of work done, as SPINNER, Lucamplased SAWYER, BOOKKEPPER, etc.	Licute Belateral & &
SAWYER, BOOKKEEPER, etc	Pulmanary &
work was dona, as SILK MILL, Single at home.	Tubersularis () }
11. Total time (years)	102
yaar) Feb 1936 occupation teff	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Capital Agus.	*
(State or country)	
14. BIRTHPLACE (city or town)	<u>}</u>
[14. BIRTHPLACE (city or town)	Name of operation Data of
cel	What test confirmed diagnosis? Let Ja William Was there an autopsy? Let.
	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
Chent G. C. dans	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) // Shadishidane.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington, Chate 2/6, 1936	Nature of injury
19. UNDERTAKER Wm. H. Sardo y Cor. (Address) 412-421. N.E. Wash, D.C.	24. Was disease or injury in eny way related to occupation of deceased? *** If so, specify
20. FILED Jack 5, 19 20 John E. Weak Registrar.	(Signed) Faul Clan Malla M. [(Address) Berning & B. L. Y. #1
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Bar 553

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	an - Pauline	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCC

- + + + M	STAT	E OF	MARYLAND-CERTIFIC	ATE	OF DEATH
sta up.	1. PLACE OF DEATH	4		(23)	30

1. PLACE OF DEATH	(3) 25 1928
County Oruce Leongly	Registration Dist. No. 245
Village or City Hoyaltsville, mg	Not wehersh Samlarum St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	s. /2 ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Colline V. Idan	(-) 14 st nw) NR - 00
(a) Residence: No. Masking (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jenuale while OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Harold Bailey	22. I HEREBY CERTIEY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Am 31- 18 8.5	I last saw here allve on staby 13 , 193 death is sai
7. AGE 5 Years Months Days If LESS than	to have occurred on the date stated above, at 130 p.m.
13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RODKKEFPER atc	A
SAWYER, BODKKEEPER, etc	Deberculases (ulmonory
work was done, as SILK MILL.	arion across presurae
SAW MILL, BANK, etc	
year) occupation	Dther Contributary Causes of importance:
12. BIRTHPLACE (city or town) Norlectown, N. Ya (State or country)	Other Coad rotal of Importance.
13. NAME William Galliher	
13. NAME William Galliner 14. BIRTHPLACE (city or town) / M/ a	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Achsah Weedon Lake	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State of, country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT STORIGHT & - Mapan	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of Injury
Place track to Die Feb 14 1936	
19, UNDERTAKER W Marriors Co	24. Was disease or injury in any way related to occupation of deceased?
(Address) / f) o hase for	Polico, specify
20, FILED. Yelr 14, 19 3 6 Mrs. Jac Dever	(Signed) Reynard 9 errmong M. 1 (Address) 1809 / Lewyon St
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	/rain-w

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. 30 M AU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	-, 15-,
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in hity or town where death occurred_ ds. How long in U.S. if of foreign birth? vrs. mos. ds. statement 0 (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 4. COLOR OR R MVORCED (hurite the word) (Day) (Year) assified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attandad deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than to have occurred on the date stated above, at. Days The PRINCIPAL CAUSE OF DEATH and related causes or . / win. 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. CUPATION 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at 1. Total time (years) on this occupation (month spent in this that instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) of country) plain terms. FATHER See carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME (D) 23. If death was dua to external causes (VIOLENCE) fill in also the following: i. Accident, suicide, or homicide?______ Data of Injury______ 19_____ OF DEATH (State of country) Where did injury occur?_____ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE very -WRITE PLA 18, BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Har Co. Date & Lly Nature of injury... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Upper Marlboro ma If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example Indian and an arrangement	1	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAD 5 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis	3 days ago
The second section of the sec	11.		
•			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	F DEATH		TLAND	CERTIFICATE OF BEATTI
County	betweele	0.	Tr. Ge	Registration Dist. No. 234
Village or C	it accor	Keek		No. St. Ward
				death occurred in a horpital or institution, give its NAME instead of street and number)
	danca In city or town whera		~	ds. How long in U.S. if of foreign birth?
2. FULL NAI	ME dhome	is E	Be	ny ,
(a) Residen	ce: No	(Usual place	of shods)	St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH
male	while	/	ED (write tha word)	2 - 4 ,193 6
5a. If married, widow	ad, or divorcad		7 4	(Month) (Day) (Year)
HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, Thet I attanded deceased from
			151	July 1 . 1936, 10 Leleny 3 , 1936
6. DATE OF BIRTH (month, day, and year)			I last saw here allve on Fully 3 , 1936; death is said
	months 3	Days 26	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
le to.		1 76	ormin.	were as follows: Date of onset
kind of w	sion, or particular ork dona, as SPINNER,	Fame	ua.	Brancho- Jonemanna 21/ 3
I Industry or	BOOKKEEPER, etc			Primary D.
SAW MIL	done, as SILK MILL, L, BANK, atc			
10. Date dacease	d last workad at pation (month and	11. Total	time (years) ent in this	Duration; no definite ristory obtainables
year)		000	upation	Other Contributory Causes of importance:
12. BIRTHPLACE (cit				
(State or coun	try) Denew	ule_	mil	myo evidelis Chronic 2
13. NAME	when I r	eny	/ -	
14. BIRTHPLACE	(city or town)	111		Name of operation
(Stata of		reo,	*	What test confirmad diagnosis? Was there an aulopsy?
15. MAIDEN NAI	ΛE	wie	luc	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE		mel.		Accident, suicida, or homicide? Date of injury, 19
(State or	country) Ain	ters_	•	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	it. we	oolic	C .	Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATA	COROLA A	ell.	md.	
Plece Plece	hiloh	note Fe 1	f 6 136	Manner of injury
	1/ 1_4	D	,,156	Nature of injury
19. UNDERTAKER	tuntly	- 11 ya	u	24. Was disaasa or injury in any way related to occupation of deceased?
(Addrass)	1 21 M	1.20	0	If so, specify
20. FILED PLAT	4 ,1956 //1/	Ullon	Daves	(Signed) M. D.
	**	11 1	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1115 Attack of epilepsu 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Julu5 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 1931
County Prince Georges	Registration Dist. No. 232
Village or City lapper marlbons	
\ (ff	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Ulice John	Mabel Virginia
(a) Residence: No. (Usual place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OK DIVORCED (write the word)	21. DATE OF DEATH 7 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Tettended deceased from
andre of providence of 1935	Negation, 19, to, 19, 19, 19, death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I Jeef saw h alive on, 19; death is said to have occurred on the date steted above, et,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
ormin,	were as follows:
8. Trade, profession, or particular / kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	notical Courses.
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STINKER, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and this properties) and the second in this council to the second in the second i	Child had a sense reld"
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Dabout 5 des duration
10. Dete deceased last worked at this occupetion (month and spent in this	Oreumona?
year) occupetion	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	Child was dead to hen Johnseign owered.
(State or country)	Crobobly Gronsha-pneumonital Quegos
13. NAME Phil Gunner Monane Many 14. BIRTHPLACE (city or town) Maryland	Daration : Indefinite.
14. BIRTHPLACE (city or town) Mausland	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy??~~
15. MAIOEN NAME Stelle	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
S (State or country)	Where did injury occur?
17, INFORMANT Estelle Som	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL /	
Place Myre warlow Date Jeb 14, 187 (Manner of Injury
	Neture of injury
19. UNDERTAKER Jayou Market Market	24. Was disease or injury in any way related to occupation of deceased? If so, specify the second s
20. FILED Jel 13, 186 Registrar.	(Signed) anes World M. D. (Adgress) Farestville De
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	il il	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAR 5 1988	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	S Date of onset 1 week ago	
Chronic interstitial nephritis Cerebral hemorrhage	1921 July 5,1927	Run over by street car Peritonitis	1 week ago 3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE-TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1932
County VI Sty	Registration Dist. No. 240
Village or City V	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME amanda Grown	
(a) Residence: No. 9 Drandy wine And	St., Ward.
(a) nesturate. No	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 2 4 193 6 (Month) (Day) (Year)
5b. If married, widowed, or divorced HUSBAND of	
(or) WIFE OF Herbert Grown	22. THEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 18, 1870	I last saw her /alive on Tron 2 1936; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 7.50 Pm.
58-65 5 6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
9. Industry or business in which work was done, as SILK MILL,	Mrome Diarrhea
10. Date deceased last worked at this occupation (month and year) year) this occupation (month and year)	
	Other Coatribatory Causes of Importance:
t2. BIRTHPLACE (city or town) (State or country)	-
13. NAME Poline Hawking.	
14. BIRTHPLACE (city or town) Prince Geo. Co.,	Name of operation Date of
(State or country) Md.	What test confirmed diagnosis?
15. MAIDEN NAME Hawkins	23. If deeth was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?
17, INFORMANT Dant. Cante grand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece J. 1 2: [Market 1916. 2.7., 193.6	Neture of injury
19. UNDERTAKER Styntt + Regard. (Address) Valdet, Man	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Feel - 25. 5, 1936 Mes. J. J. Smith	(Signed) M. Ulam A. T. T. Done M. D. (Address) To on me
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 105	9
1. PLACE OF DEATH	(93-E)	. 5
County AMC SID CO,	Registration Dist. No. 24	5
Village or City AND MA	No	Ward
Length of rasidence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and a new death of the death of	
2. FULL NAME MANI Sama	1 Grownell	
(a) Residence: No.	St., Ward.	
(Struct place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7. 12. (Month) (Day)	193.6 (Year)
5a. If married, widowed, or divoced HUSBAND of		
(or) WIFE of Challo S. Rymnell	22. HEREBY CERTIFY, That attended d	19.36
6. DATE OF BIRTH (month, day, and year) gan. 19, 1842	I last saw her eliva on Flet 12 ,1936.	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5302m.	
94 1 day 23 1 day or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importanca were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	1	
SAWYER, BOOKKEEPER, atc	anemorenous	
work was done, as SILK MILL, SAW MILL, BANK, etc	Mr. hanguetelis	4,1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	CM. Myscac	1/5
year) occupation	Other Contributory Causes of Importance;	- Hu
12. BIRTHPLACE (city or town)	Other Conditionary Causes of Importance;	,
(State or country)		
13. NAME HUAN HUYENHILL 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country)	Whet tast confirmed diagnosis? Was there en au	'opsy?
15. MAIDEN NAME Savan / Chrymno	23. If daath was dua to axtarnal causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Saval / Chrumana 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State of Country)	Whare did Injury occur? (Specify city or town, county and State))
17. INFORMANT DARLY MANAGEMENT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAI	CE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place of the fragely Date get 17 17 1990	Nature of injury	
19. UNDERTAKER The Jo C. Aphile Go	24. Was disease or injury in eny way related to occupation of daceased?	10
(Address) Zamel Amor,	If so, spacify of Careful tes	
20. FILED TUV. 12, 1986 Thanks Concerto Sud-	(Signad) V Multiple (Address) Bousie	M. D.
Acgistrar.	(mulicoo)	20161-

OFFICIONTE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	-6
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	3/2/2
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	193

1. PLACE OF DEATH		(A) X
County /v (see		Registration Dist. No. 243
Village or City Leur	1.110	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Coseful ?	P 1 11 - 12	SHALL
(a) Residence: No. Res	M Dule nul	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE/ mule leveral	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH 7el (Say) (Year)
7. AGE Years Months Roll Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BODKKEPER, etc. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. To. Date deceesed last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country)	Unknown 5-8 - Unknown Days If LESS than 1 day, hrs. or min. Tarwer 11. Total time (yeers) spent in this occupation	22. I HEREBY CERTIFY. Thet I attended deceased from 7 lb 15 1936, to 7 lb 18 1936; death is said to heve occurred on the date stated ebove, at 6 P.m.
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Junknowy "	Neme of operation Dete of Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT & arl Plator (Address)	le mel	23. If death was due to external causes (VIOL ENCE) fill Ip also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Plece Lanhama	Date 7ch 2/ 1936	Manner of injury
19. UNDERTAKER Colarence For (Address) Witchell pr 20. FILED FILE: 19, 1956 Les	le mo mente, 45.	24. Was disease or injury in eny wey related to occupation of deceased? If so, specify (Signed) January Homes Manager Manage

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis MAR 4 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	-			

oxD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING ARGIN RESERVED WRITE PLAINLY, WITH

V. S. No. 1 B Z TION is very important. See instructions on back of certificate.

1. PLACE OF, DEATH County St. Co. Registration Dist, No. St. Ward Length of residence in city or town where death occurred. A .yrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1935
Village or City Length of residence in city or town where deeth occurred . 9 yrs	(Da h O	(3) × 237
Classified of esidence in city or town where deeth occurred		Registration Dist. No.
2. FULL NAME (a) Residence: No. Uptell Malbato Ma Ref. (Ward Date of abote) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED, OR PLOYED OR PL	Village of City	
(a) Residence: No. Use of Ward. (Charalpiece of shole) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED OR PIVORED (with be ward) OR PIVORED (Worth) So. If married, widoward, or diverced (co) Wife of Warried (with one), day, and year) S. DATE OF BIRTH (month), day, and year) A. CEY Yarr Month Days If LESS than 1 day. Mr. D. S. Trade, profession, or particular S. SAW PIRE, BOOKEEFR, etc. Work at one, as SIK MILL, SAW MILL, BARK, atc. North ward one, as SIK MILL, SAW MILL, BARK, atc. 10. Date decaded last worked at which work at one, as SIK MILL, SAW MILL, BARK, atc. 10. Date decaded last worked at more county) What ten country) What ten confirmed diagnosis by droved. Manner of injury. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? Manner of injury. Nature of injury in any way related to occupation of deceased? Manner of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury. Nature of injury in any way related to occupation of deceased? Manner of injury. Nature of injury in any way related to occupation of deceased? Manner of injury. Nature of injury. Manner of injury. Nature of injury. Natur	Length of residence In city or town where deeth occurredmos.	ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE S. SINGLE MARKED, WIDOWED, OR DIVORCED ("DIVORCED ("DIVOR	2. FULL NAME Mary Idermine	Duchheister
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARKED, WIDOWED, OR DIVORCED (wing the wynd) 8. If married, widowed, or divorced disparted for) Wife of Longe above the bucklush. 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular wind of work done, as SPINKER, or	(a) Residence: No.	
Sent of Married, widowed, or divorced students of Corp. Wife of Corp. Wi		
53. If married, widewed, or diverced Husband of Corp. WIFE		Feb 15, 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 8. Trade profession, or particular find of work, done as SPINNER, SAWTER, BOOKEPERPR etc. 1. Industry or businass in which SAW MILL, SAW MIL	5a. If marriad, widowed, or divorced	
7. AGE Yasts Months Days If LESS than to have occurred on the data stated above, et. 9.30 m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: wer	(or) WIFE of Lenge altrecht Buchhusten	1930 to 15 1936
8. Trade, profession, or particular for min. 9. Trade of min. 9. Trade, profession for min. 9. Trade of min. 9. Trade	6. DATE OF BIRTH (month, day, and year) Jan 10 1876	1 last saw h_el alive on Sel 15 ,1936; death is said
8. Trade, profession, or particular resolutions of particular resolutions of particular resolutions of particular resolutions of spinners. SAWYER, BolkKEPER, etc. 1. Industry or business in which saw which saw with social particular resolution. SAW MILL, BARK, SIC. MILL, BARK, SIC. MILL, SAW MILL, BARK, SIC. MILL, BARK, SIC. MILL, SAW MILL, SAW MILL, BARK, SIC. MILL, SAW M		
Sindustry or businass in which was ware as stlk Mill. SAW Mill. BAIK, atc. 10. Date decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR NEMOYAL Place 19. UNDERTAKER (Addrass) (Signed) M. D. M. D.	0 ormin.	wore of telleum:
Name of operation 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOYAL Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 10. Date of such as stated to occupation of decessad? 11. Total tima (years) spant in this occupation Other Centributory Causes of importance: July 3190 Manuer of operation Name of ope	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYED BOOKKEEPER atc	Caronie geomerila nestrello
SAW MILL, BANK, atc. 10. Date decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stele or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOYAL Place 19. UNDERTAKER Place 19. UNDERTAKER Place 19. UNDERTAKER Place 10. Date decased flat worked at this occupation (month and year) Spant in this occupation Other Coatributery Causes of importance: July 3 193 Manual 19. What tast confirmad diagnosis? What tast confirmad diagnosis? What tast confirmad diagnosis? Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature o	MC I AD. INDUSTRY OF DUSINASS IN WOICH	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOYAL Place (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) (Steeled or country) (Steeled or country) (Steeled or country) (Steeled or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) (Addra	SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Signed) 10. Signed) 11. SAME 12. Date of Injury (Specify city or town, country and State) 19. UNDERTAKER (Signed) M. D. M. D.	- this occupedon (month and	
(State or country) 13. NAME 19. 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19.	12 DIDTUDI ACE (city or town) Waltimore	Other Contributory Causes of importance:
What tast confirmed diagnosis? What tast confirmed diagnosis? Was there an autopsy? J. 2 15. MAIDEN NAME Mary . Sheller 16. BIRTHPLACE (city or town) . Date of Injury		Jan 1 M3
What tast confirmed diagnosis? What tast confirmed diagnosis? Was there an autopsy? J. 2 15. MAIDEN NAME Mary . Sheller 16. BIRTHPLACE (city or town) . Date of Injury	II 13. NAME William Poch	Wania J. mardi 19.
What tast confirmed diagnosis? Accident, suicida, or homicida? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whe	14. BIRTHPLACE (city or town) Allesheim	no wear
17. INFORMANT Missing Court (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place As Barractus Learn Dete Feb. 17, 1936 19. UNDERTAKER Retchee Bass (Addrass) Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 24. Was disaase or injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Manner of injury 19. UNDERTAKER Retchee Bass (Addrass) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the property of the public PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and State) Specify city or town, county and State) (Addrass)	(State of Country)	what tast confirmed diagnosis
17. INFORMANT Missing Court (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place As Barractus Learn Dete Feb. 17, 1936 19. UNDERTAKER Retchee Bass (Addrass) Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 24. Was disaase or injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Manner of injury 19. UNDERTAKER Retchee Bass (Addrass) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the public place of injury in Industry in Ind	The property of the property o	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place of Barractus See on Dete Feb. 17, 1936 Nature of Injury 19. UNDERTAKER Putchie Bas (Addrass) (Addrass) (Addrass) (Addrass) (Signed) (Signed) M. D.	State or country) State or country)	Where did injury occur?
Placa As Barriagus Lea M Dete Fell: 17, 1936 Nature of Injury 19. UNDERTAKER Rether Bras (Addrass) Perper markay mell 20. FILED LL 16, 1936 N. D. (Signed) Mainer of Injury Nature of Injury (Signed) M. D.	IV. INFORMANI	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Author Markov mall (Address) Whose markov mel (Signed) (Signed) (Signed) M. D.		
20. FILED Jeb 16, 1036 Mars front (Signed). While M. D.	19. UNDERTAKER Putchie Bras	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED AU (S., 10) S.	(Address) Tipper markey mge/	71) 81.1.1=(11.00%)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1998	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 220 Registration Dist. No should Village or City & (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city of town where deeth occurred statement PHYSI (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED WIDOWED, OR DIVORCED (wnie the word) 21. DATE OF DEATH 4. COLOR OR RACE (Month) BINDING 5a. If married, widowad, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the dete stated above, at 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causas of importance or min. Data of oneat Trade, profassion, or particular kind of work dona, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc ... 10. Date deceased last worked at 11. Total time (yaers) this occupation (month and spent in this occupation __ RGIN 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME FAT Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important ij MOT Accidant, sulcide, or homicide?_____ ._ Date of injury_____, 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did Injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT pluods OF 18. BURIAL, CREMATION, OR REMOVE Manner of Injury AUSE Nature of injury. LION 24. Was disease or injury In eny way related to occupation of deceased? 19: UNDERTAKER (Address) if so, specify Registrar.

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Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is NAR 5 100 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUMEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	S B	BY PHYS	SICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Panet George	Registration Dist. No. 242
20	
Village or City Maryland Oars	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME annie Bell Colomn	<u>e</u>
(a) Residence: No. 814 - Thomas and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
OR DIVORCED (write the word)	21. DATE OF DEATH
fund under	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIEY, Thetal ettended deceased from
(or) WIFE of 1 Newton S. Colonne	22. HEREBY CERTIEY Thet ettended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 23, 1866	Harton Andrew Fally of 1000
	I last saw h last saw h last sald
f day hrs	to have occurred on the date stated above, at _0m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
69 4 10 ormin.	were as fallows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Devely mills
S. Hade, Profession, or peritorials, or perito	Primary Cause: Chaonic myocardities. Cw & R.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 - 1 Durations not stated.
SAW MILL, BANK, etc	glinera delling
	V
yaer) occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Chartottesville	
(State or country)	
13. NAME Thornes A, Nuke	
14. BIRTHPLACE (city or town) Churlottesville	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy? W
15. MAIDEN NAME Sergenia Harrone	
15. MAIDEN NAME Eugenia Garner 6. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O f6. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
(Stata of County)	Where did injury occur? (Specify city or town, county and State)
F7. INFORMANT MN. Significant	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) (maryland Park. Ind.	
18. BURIAL, CREMATION, OR REMIDVAL	Manner of injury
Place Wash, Dele. Date Feb. 3 , 1936	Nature of injury
19. UNDERTAKER WM H Sardo 4 Co.	24. Was diseasa or injury In any way related to occupation of deceased?
(Address) 412-H st. 4.E., Wosh, De.	If so, specify
Jel 8' 36 9 - 20110	(Signed) If. W warren M. D.
20. FILED OF 19 3	

If more Manks are needed, address State Registrar, 2421 N. Charles Street, Baltimon Registrar, 28. No. 4.

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	Example	1	Example II	
The principal cause of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAD = 7000	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURYLYS	July 5,1927	Peritonitis	3 days ago
Eq.	The state of the s	~		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

WARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	CERTIFICATE OF DEATH	.) 0
1. PLACE OF DEATH	(Pa)	100
County Prince Geo	Registration Dist. No. 22	0
Village or City Deffaville Mil	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred		
2. FULL NAME Devicetta Crums		
(a) Residence: No. Bellaville my	St., Ward.	
(Usual place of abod	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH	193 6
5. If married, widowed, or divorced	(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended	deceased from
Thury Curys	1 3 0 ,193 6, to 2/14	19.3.6
6. DATE OF BIRTH (month, day, and year liety - 177 16/866	1 last saw h_12 alive on 2_/ 11	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at _1Rm.	
69 3 / ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.	Influenza Munionia	1/30/3
9 Industry or husiness in which	-	
work was done, es SILK MILL, SAW MILL, BANK, etc		
O 10. Date deceased lest worked at this occupation (month and spant in this		
year) occupation occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Desite cardia Delitation	2/11/24
(State or country),		
13. NAME / Charles Steleber		
4. BIRTHPLACE (city or town) (Stete or country)	Name of operation	. 1
œ	What test confirmed diagnosis?	
	23. If death was due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city of town) (Stete or country)	Where did Injury occur?	, 13
17. INFORMANT A 5 3/2 Crusus	(Specify city or lown, county and State Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PL/	e) ACE.
(Address) Delliville 144		
18 BURIAL ACREMATION, DR. REMOVAL	Menner of injury	
Moselling fla pare theu 14, 1936	Nature of injury	
19. UNDERTAKEN 1574 Causey	24. Was disease or injury in eny wey releted to occupation of deceased?	10
(Address) Squad Md.	If so, specify	
20. FILED FILE 14-, 19.36 Johns Smith	(Signed) OS Warun	M. D
	. (Address) All del lac	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z

STATE OF MARYLAND—CERTIFICATE OF DEATH	1539
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	1. PLACE OF DEATH	(31)
	County Prince Tenge	Registration Dist. No. 245
1	Village or City Ityattsvalle md	No. / 3 Sterical St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1		death occurred in a norphial of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Catherine Coullen	If U. S. Veteran, specify WAR
		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
	58. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended daceased from
	7/2	Jans 1933,19 to Jul 17 ,196
te.	6. DATE OF BIRTH (month, day, and year) May 17 =	Vlast saw have alive on
ifica	7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, at & m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
certificate	16 or min.	were as follows:
of o	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Increasing dilatation of heart nesociated 1938
back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL,	with Chanic interstitial replaites
	SAW MILL, BANK, etc.	Cw&R.
on	10. Date deceased last worked et this occupation (month and year)	
instructions		Other Contributory Causes of importance:
nct	12. BIRTHPLACE (city or town) Graffand (State or country)	Carle a Delaton 1 y
nstr	13. NAME John Cullen	
	14. BIRTHPLACE (city or town)	Name of operation Dete of
See	(State of country)	What test confirmed diagnosis? Was there an eutopsy?
nt.	15. MAIDEN NAME Mary Mac Partie	23. If death was due to externel causes (VIOL ENCE) fill In elso the following:
important.	15. MAIDEN NAME Mary MBC Parties 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury,19
mp	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Mary Quellew	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) 3 Tobers dans are Skyalleville 18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian
is	Place Trach: DC: Date Crist. 1936	Menner of injury
TION	CHE Goods Son	24. Was diseese or injury In any way ralated to occupation of deceased?
E	19. UNDERTAKER (Address) (Address) (Address)	If so, specify
-	20 FILED Febr. 17/1936 Mrs. Jan Derress	(Signed) Show M. D.
()	20. FILED J. 19.30 Registrar.	(Address) in aluell and
-27	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. No. 1.

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	Example I	- i	Example II	10
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BE CEINE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1986	July 5,1927	Peritonitis	3 days ago
	BURCAU V. S.	1 2		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	98-70
	County Trusce Geo	Registration Dist. No. 23
should of OCC	Village or City Laurel	
Every item		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or lown where teath occurred	s
Eve IA.	2. FULL NAME Milliam 1. Guy	mingham
y SICIANS statement	(a) Residence: No. Saurel mid.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
RE PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
LIL	Male while married	(Month) (Day) (Year)
DING A C T I assified	5e. If married, widowed of divorced	
DI TAI A C Issi	HUSBAND of The M. Cumingha	22. HEREBY CERTIFY, That attended deceased from
Z Z×Z.	Da. 11th 18/11	Hest saw harm elive on 1936 death is said
B H H H	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mopths Days / of LESS than	to have occurred on the date stated above, at 10.00 A.m.
FOR B. IS A PE stated E properly certificate	77 / 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FC IS sta	8. Trade, profession, or particular	were es follows: Date of one of
- 70	kind of work done, es SPINNER Lauren SAWYER, BOOKKEEPER, etc.	emmany war of me
N H H H		mysemme (marson 1911)
VK_T Should it may n back	9. Industry or business in which work was done, as SILK MILL, BYORR CO SAW MILL, BANK, etc.	
	11. Total time (years) this occupation (pointh and year) 11. Total time (years) spent in this 5/4/	
RENGE IN THAT THAT	year) occupation occupation	Other Contributory Causes of importance:
2 4	12, BIRTHPLACE (city or town)	Other Continuous Causes of Chipotenics.
RGIN VFADI olied. rms, so	(State or country)	
ARGI UNFA upplied terms, e instru	13. NAME MUKENOWN	
	4 14, BIRTHPLACE (city or town)	Name of operation 2000 Oate of
Sair	(State or country)	What test confirmed diagnosis? The Was there an autopsy? Are
WIT efull in pl ant.	15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
	16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
PLAILY, hould be car OF DEATH very import	S (State or country)	Where did injury occur?
	17. INFORMANTINO Chel M. Jungungha	(Specify city nr town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA Should OF D	(Address) Laured md	••••••
F-3 70	18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
on ISE	M Flat west Dally Date Date 1, 19 3	Nature of injury
WRITE mation s CAUSE TION is	19, UNDERTAKER Jour Causeup	24. Was disease or injury in any wey related to occupation of deceased?
	(Address) Labore M.	If so, specify a R Weston Gorones
is No.	20, FILED TUL 2 1936 M. Brasheaver	(Signed) Water & M. O.
2	20. FILED FACTOR Registrar.	(Address) Found Tont
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	e I	Example II	
The principal cause of death and of importance were as follows: Arteriosclerosis	related causes Date of or		
	DOOR S. W. 100		1 week ago
Chronic interstitial nephritis	YE6I 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1	9k7 Peritonitis	3 days ago
	MATHORINA		
Other contributory causes of imp	portance:	Other contributory causes of importance:	
Gallstones	May 1,1	Other contributory causes of importance: 923 Gastroenteritis	1 year
		1 1000	
ADDITIO	ONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN	
		3	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-6 + 1941
County Truce Georges.	Registration Dist. No. 240
	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Joseph Daus (a) Residence: No. Brandwine md	- St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATHY 6 /6 ,193 (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Hattie Ware Davis	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Unknown, 1880	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
56 60(2) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
8. Trade, profession, or particular kind of work done, as SPINNER. Care taker SAWYER, BOOKKEEPER, etc	Hound dead you
	this home unattended
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	from seasy attack
10, Date deceased last worked at this occupation (month and year)	Had been toking medicine to beart ailment.
12. BIRTHPLACE (city or town) Aflanta (State or country)	Other Contributory Causes of Importance:
13. NAME UNKNOWN	
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of Was thera an autopsy? Not.
15. MAIDEN NAME Grace Davis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Grace Davis 16. BIRTHPLACE (city or town) Atlanta.	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Georgia	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Chayles Johnson (Address) 10685. W. Wash. PC	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / Place Alasking for De 714 17, 1936	Manner of injury
10. UNDERTAKER Sintly Rynn (Address) Walder, ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 17-, 1936. Men. J. N. Smith	(Signey) our C. Jones M. D. (Address of H. Dellugley alifaguer
	2411 N. Charles Street, Baltimore, Requesting U.S. No. W.J. B. Mid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephrins Cerebral hemorrhage Date of onset Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Lys, 1921 Run over by street car Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Peritonitis	
Arteriosclerosis Chronic interstitial nephrilis Cerebral hemorrhage 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis	uses Date of onset
Cerebral hemorrhage July 5,1927 Peritonitis	1 week ago
Sent Page	1 week ago
	3 days ago
Other contributory causes of importance:	1.000
Gallstones May 1,1923 Gastroenteritis	1 year
17.12	

of OCCUPA.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Prince Ferres	Registration Dist. No.2
Village or City Jut. Raining Jud	No. 3 7 2 8 3 7 24 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred_/5_yrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William Bell Po	ut x
(a) Residence: No. 3/1-8 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Teb. 7 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(0) HILD Harriett S. Caywood	22. I HEREBY CERTIFY. That I attanded deceased from 24. 1936, to Feb. 7 1936
6. DATE OF BIRTH (month, day, and year) June 18- 1840	Hast saw h alive on Fab. 7 19.36 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at 7:50 P.m.
75 7 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 18 Trade, profession, or particular	Cerebral Thombosia 1-21-36
kind of work dona, as SPINNER, Episcopal	Lobor Promoria 7-2-31
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Lergyman.	***************************************
TO. Data deceased last worked at this occupation (month and year)	
S	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / // (State or country)	
13. NAME Photogram Deut.	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? he
15. MAIDEN NAME Clysteth C. Dement	23. If death was dua to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Guarent d' Leut'	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Oshungtong & Data & 7, 19124	Nature of injury
19. UNDERTAKER Thomas J. Munaysfon	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED JULY 1986 1 Hay Willy West Registrar.	(Signed) WB Mayers M.D. (Address) 3640 3444 St. Sut Kainin Sud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from -Whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, tired 6 yrs.). Housemaid, etc. to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the pig-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Corcorospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoi pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on head of "eontributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if Impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUFRPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Nonenclature of the American Medical Association.) "Dropsy," "Exhausticn," "Heart causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for mallgnant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles Struck by railway Always quality all failure." "Haemor-The na-(disease (merely (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HUDY WE BY STORY OF BIRTH (month, day, and year) 1. AGE Years Months Days If LESS than I day, his. of the principle of t	4 2 4 1	STATE OF MARYL	AND—CERTIFICATE OF DEATH 1944	
Lingth of residence in city of your whore death occopied. 2. FULL NAME 2. FULL NAME (a) Residence: No.	info Sta	1. PLACE OF DEATH	1025	
Lingth of residence in city of your whore death occopied. 2. FULL NAME 2. FULL NAME (a) Residence: No.	MABO	County Truce Gle	Registration Dist. No. 230	
Lingth of residence in city of your whore death occopied. 2. FULL NAME 2. FULL NAME (a) Residence: No.	sho e	Village or City Munflink		_War
2. FULL NAME. (a) Residence: No. (Chaula have of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (A) COLOR OR RACE S. SINCLE, MARKELD, WIDOWED (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS 3. SEX (A) COLOR OR RACE S. SINCLE, MARKELD, WIDOWED (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS 3. SEX (A) COLOR OR RACE S. SINCLE, MARKELD, WIDOWED (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (Or) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE of 1. The PERSONAL AND STATISTICAL PARTICULARS (OR) WIFE o	.1 00	Length of residence in city or flown where death occurred		d
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OB_RACE 5. SINCLE_MARKED_WIDOWED_ OR DIVORCED (write the word) 5. If married_widowed, or divorced HUSSAND of (Or) Pife of 6. DATE OF BERTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particuler kind of work done as SPINNER, SAVER, BONKEPER, etc. 8. Sincle or Googley) 8. Strade, profession, or particuler kind of work done as SPINNER, SAVER, BONKEPER, etc. 9. Sindestry or business in which Says in this Sortypellon 12. BIRTHPLACE (city or town). (State or Golgely) 13. ANAPE 14. BIRTHPLACE (city or town). (State or Golgely) 15. MAIDEN NAME 15. Sind Or world one STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Dey) (You 22. I HER EBY CERT IFY, That I attended decease (Nonth) (Nonth) (Dey) (You 22. I HER EBY CERT IFY. That I attended decease (Nonth) (SWAYER, BONKEP) 15. death In the principal Cause of DeATH The principal Cause of Beath and related causes of importance ways ge [Sillows: 16. Date of Beath 17. AGE 18. BIRTHPLACE (city or town). (State or Golgely) 18. BIRTHPLACE (city or town). (State or Golgely) 19. Has been an auropay? 20. Fill EBT 2. 20. 19.3.5. Mainly Manner of injury. Phys. Mainle or country 19. UNDERTAKER (Address) 19. Has been an auropay? 24. Wes disease of injury no may pray related see excliption and decease of injury. 19. BIRTHPLACE (city or town). (Address) 19. UNDERTAKER (Address) 19. Has been an auropay? 24. Wes disease of injury. 24. Wes disease of injury. (Address) 19. Has been an auropay? 24. Wes disease of injury. (Address) 19. Has been an auropay? 24. Wes disease of injury. (Address) 19. Has been an auropay? 24. Wes disease of injury. (Address) 19. Has been an auropay? 24. Wes disease of injury. (Address) 19. Has been an	TAN men	K 11.1.	w .	
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21. DATE OF DEATH DESCRIPTION Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrined, widowed, or divorced (HUSBAND of Convince the word) Solid matrine		(Usual place of about	de) If nonresident give city or town and State	
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10. Disk deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, DESEMBLIAN 18. BURIAL, DESEMBLIAN 19. UNDERTAKER 19. UNDE	(A) (B)	9 Industry or business In which	Phil Dike No more allert	
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TOTAL THE WAY TO STAND	IN IN ES at i at i at i	O this occupation (month and spent in th	nis /t. ment.	
Name of operation. Date of	AG AG the sions	De Ma		10
Name of operation. Date of	ADJ d.		Buy Winn the Can to the	2.0
Name of operation. Date of	NF. NF. pplie priminst	13. NAME William Stocker	W astron Coronn	
What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, QR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 12. 23. 1936 (Signed) (Address) (Address) (Address) (Signed) (Address) (Address)	2 4 4	4 14. BIRTHPLACE (city or town)	Name of operation Date of	
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TI. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 12 2 3 193 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ca TH porr			}
Comparison of the control of the c		Helling Woda	(Specify city or town, county and State)	
Place ffelights between the 15, 19 Nature of injury. 19. UNDERTAKER Courses 15 Notice 16 Notice 16 Notice 16 Notice 17 Nature of injury. 24. Wes disease of injury in any way related to occupation of decoased? (Address) Course 16 Notice 17 Notice 17 Notice 18 Noti	PL/ ould F D		The state of the s	
(Address) Aired II so, specify to the Coroner (Signed) 20. FILED Top 25, 1936 Low D Smith (Signed) (Address) Registrar. (Address)	Sho Sho	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
(Address) Aired II so, specify to the Coroner (Signed) 20. FILED Top 25, 1936 Low D Smith (Signed) (Address) Registrar. (Address)	RITI ion USI	Plane fill fill plate to the plate	Nature of injury	
20. FILED Top 281, 1936 Jan D Smith (Signed) Sol Wyones Registrar. (Address) Showing the	CAI		// KU VII ON / UND	
20. FILLET 97. 195 Registrar. (Address) Recurs 1961	R B	410/1		
	à Z	20. FILED 14 2 54, 1936 Jen D Ine	unc.	J-M.
/ June Vienter and Marie Deliver Registrat, 2411 14. Unaties Street, Dattimore, Requesting U. S. No. 1.		If more blanks are needed, address	State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis MAR 5 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TIREAU V. E				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE PLAINEY, WITHWUNFADING INK—THIS IS A PERMANENT RECEIO. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	DINDING	PERMANENT RE. D. Every item of infor-	EXACTLY. PHYSICIANS should state	rly classified. Exact statement of OCCUPA-	4
SE SE	ARGIN RESERVED FO.	B PLAINLY, WITH TUNFADING INK-THIS IS	should be carefully supplied. AGE should be stat	OF DEATH in plain terms, so that it may be prop	The state of the s

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	(92-2)
1	county PRIME GEORGES	Registration Dist. No. 242
1	Village or City S. EAT DLEASAN	TNo. St., Ward
1	(If Length of residence in city or town where death occurred vis mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
	THAMARA	ds How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME // TOTAL S	X X X
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	OR DIVORCED (ruprite the word)	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
e.	6. DATE OF BIRTH (month, day, and year) May 20 1875	I last saw h alive on, 19; death is said
cat	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, atm.
certifi	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance water as follows:
	8. Trade, profession, or particular AROLD ILALL OLA	WOBABLY ACUTE Date of onsot
jo ;	SAWYER, BOOKKEEPER, etc.	1 N D 1 G- 26 TOON WITH
back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	VAL VUVAR HEART
ou p	10. Data deceased last worked at 11. Total tima (yaars)	0152452
	this occupation (month and spent in this occupation compation	DURATION (ITOUS
instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
ruc	(State or country)	
inst	13. NAME MARCELLUS DONN	
See	14. BIRTHPLACE (city or town)	Nama of operation Date of
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
ant.	I 15. MAIDEN NAME MARY GIRLS	23. If death was due to external causes (VIOLENCE) fill In also the following:
important.	15. MAIDEN NAME MARY 6-NISBY 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
mp	(Stata or country)	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT VIETE A O A NOTATION OF THE PROPERTY OF THE PROP	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	(Address) 3 4 4 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Manager of Indian.
	Place Washington N.C. Date Feb. 6, 1936	Manner of injury
LION	M.M. Phanley Con	Nature of injury
=	19. UNDERTAKER (Address) 5/1-1/2 84. S. E.	24. Was disease or injury in any way related to occupation of deceased?
	In la' al Maria D.	(Signed) Witter W. for 3 M. D.
	20. FILED To 19.36 Thate Almander Registrar.	(Address 409-58 NG/1XA8M3 () C
	If more blanks are pleded address State Parisman	N. Chalasa and D. Ling D. C. Chalasa and C. Chalasa

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Example I	4	Example II	Z. T.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1936	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis 1930	1921	Run over by street ear	1 week ago
Cerebral hemorrhage STALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1946
	OPENING OF BEATH
1. PLACE OF DEATH	946 × 026
County Vince Coop	Registration Dist. No. 235
Village or City Greater Capital / e	St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME I Moses Edlaertch	
(a) Residence: No. 119 Garfield ave	St. Ward Hyattsville, Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White MANNED (write the word)	teh 19, 1936
5a. If married, widowed, or divorced	(Month) , (Day) (Year)
HUSBAND of No OA R	22. I HEREBY CERTIFY. That I ettended deceesed from
yeary	+eh 19, 1936 10 +eh 19, 1936
6. DATE OF BIRTH (month, day, and yeer) upt. 15, 1882	I last saw h elive on . Feb. 19 6; deeth Is said
7. AGE Deers Months Days If LESS than	to have occurred on the dele stated above, at 1.1.2.m.
57 10 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
Irede, profession, or perticular	were as follows: The proof onset
kind of work done, es SPINNER, Merchaut SAWYER, BDDKKEEPER, etc.	Caroling
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
2 10. Dete deceesed last worked et 11. Total time (yeers)	
this occupation (month and spant in this occupation coupetion	
0	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stete or country)	-
13. NAME Sauvel J. Edlavich 14. BIRTHPLACE (city or town) (State or country)	
4. BIRTHPLACE (city or town)	Name of operation Dele of
(Grate of Country)	Whet test confirmed diegnosis? Wes there en eulopsylv
15. MAIDEN NAME Passal Edlavitel 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury 19
Slete or country)	Where did Injury occur?
Perhan Gallenitale	(Specify city or town, county and State)
17. INFORMANT ACCURACY	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 1603 - Ja. Cul. M. 18. BURIAL, CREMATION, OF REMOVAL	***************************************
11100 (11)	Manner of injury
Plece Dete ,19	Nature of Injury
19. UNDERTAKER B. Wausansky	24. Wes disease or Injury In eny wey releted to occupation of deceesed?
(Address) 350/ 44768. M. PO.	If so, specify
20. FILED 7/20 1936 Thos. J. Guffilty	(Signed) Clares of Park M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Sweet, Baltimore, Requesting V. S. No. 1.

Kegistrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OKD. Every item of infor-

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	1	Q	4
DI ACE OF DEATH			-	U	J.

	1. PLACE OF DEATH	134
1	County Fruch Jeorge	Registration Dist. No. 242
1	Village or City Sealmont med	No. St Ward
	Length of residence in city or town where death occurred 15 yrs mos 2. FULL NAME Justay Farker	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. If U.S. Veteran, specify WAR
	(a) Residence: No. Statrook me a (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Will Widowed	21. DATE OF DEATH Tel: 13 ,193 6 (Month) (Day) (Year)
instructions on back of certificate.	5a. If merried, widowed, or dispreed HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin. 8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed lest worked et this occupetion (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Mustar Auther 4	22. I HEREBY CERTIFY. Thet i ettended deceased from The 12
See in	14. BIRTHPLACE (city or town)	Name of operation
very important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL	23. If death was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
TION is	19. UNDERTAKER Lascha Sons (Address) Stepatterlle med 20. FILEO 2-15-0, 1936 Mm. John W. Howa	Manner of injury Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Addres) (Addres) M. D.
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

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certificate.

See instructions on back of

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TION is very important.

mation should be carefully supplied.

-WRITE PLAI

of OCCUPA-

Exact statement

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o.	
Z	
603	
>	

1. PLACE O		George	Registration Dist. No.	115
Village or C		torille	NoSt.,	Ward
Length of resi	idanca In city or town whara	//	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long In U.S. If of foreign birth?yrs	nosd
(a) Residen		Antenio av (Upral place of abode)	✓St., Ward. If nonresident give city or town an	
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	., 193 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced		22. JI HEREBY CERTIFY, That I attendad	f daceased fro
E DATE OF BIRTH	(month, day, and year)	var/22/26	I last saw h. La. aliva on Jel 2/ 193	G: daath is sa
7. AGE Yea	1	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onse
kind of v	ssion, or particular work done, as SPINNER, BDOKKEEPER, atc.	ttudent	Acute Cardian Veletation	2/21/20
	businass in which s dona, as SILK MILL, L, BANK, etc		"Central preumonia.	2/12/0
10. Date decaase this occu	ed last worked at pation (month and	11. Total time (years) spent in this occupation	mys carata chr.	7/19/3
12. BIRTHPLACE (cit		Varh	Other Contributory Causes of importance:	
(State or cour	nous	Pour		
14. BIRTHPLACE		Morado	Name of operation Date of Was there an	
15. MAIDEN NA 16. BIRTHPLACE	-	the Johnson	23. If daath was due to external causas (VIOLENCE) fill in also the following	ıg:
16. BIRTHPLACE	(city or town) country)	The	Accident, suicide, or homicida? Date of injury Whera did injury occur? (Specify city or town, county and St	

7. INFORMANT ASSESSMENT ON THE PROPERTY OF THE

Platt Jinoln Mate Feb 23, 19

9. UNDERTAKER WW Churches Co. C. FILED LOT 1930 Mrs. Jas Devere

24. Was disease or injury in any way related to occupation of daceasad?

If so, specify (Signad) Martisoffe are

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAP 4 1899	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
the property of the same of the second section of the same of the second of the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH COLOR OR RACE | 5 ST-GLI (Write the word) t I attended the 6 DATE OF BIRTH instruction (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. ...yrs.....mos.....ds.lor.... min. ? 8 OCCUPATION (a) Trade, profession or a (b) General nature of industry d business, or establishment in (Duration) which employed or (employer)..... 9 BIRTHPLACE (State or country 10 NAME OF FATHER_ O 11 BIRTHPLACE 200 F OF FATHER *State the Disease Causing Death, or, in deaths from (State or country Violent Causes, state (1) Means of Injury; and (2) whether Isl 4H Accidental, Suicidal or Homicidal, 00 12 MAIDEN NAME 04 OF MOTHER state c 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER yrs. . . mos. da. State.....da. 0 (State or country) of 3 Where was disease contracted. if not at place of death?... 0 sh Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL CIA 20 UNDERTAKER ADDRESS Registrar

If more blanks are needed address State Posts

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborerworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid pneumonia,"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

quences (e. g., scpsis, tetanus) may be stated under the ment of cause of death approved by Committee on head of "coutributory." (Recommendations on stateture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Measles Nomenclature of the American Medical Association.) Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury ean be ascertained as the cause. "Uracmia," "Weaknes.." etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." "Haemorcausing death), 29 ds.; Bronchopneymonia Poisoned by carbolic acid-probably suicide. The navulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ctc. The contributory Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Scnile," etc.), cough; Never report mere symptoms or Chronic valvular heart Always qualify all Measles; terminal discase; (merely (second-(disease

If this certificate is looked over thoroughly and all qubetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the continuate is permanently filed.

1936

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE O	F MARYL	AND-CER	TIFICATE	OF	DEATH
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1. PLACE OF DEATH County Grant County Grant County County Grant County C	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Maria Maria Maria (It deals occurred in hospital or institution, give in NAME instead of arrest and number) Langth of residence in city or town where death occurred in Lyrs most discovered in hospital or institution, give in NAME instead of arrest and number) 2. FULL NAME Description of the Character of Death Maria	1. PLACE OF DEATH	910-700
Langth of residence in city or town where death occurred 1. 1/1. Cold time (Iff death occurred in a hospital or institution, one in NAME interest and author) 2. FULL NAME (a) Residence: No. Mt. Caucher (breather four Mullicaine Cagners: If U. S. Veteran, specify WAR. (b) Residence: No. Mt. Caucher (breather of abod) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (cryitric be word) 55. If married, widowed, or divorced HUSSAND of (Versi) 56. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 ILESS than of which with the dest stated above, at 2 The Name of particular wind of work one as SFINNER, SAMPER, BOOKEEFF, B	County Prince Leage	Registration Dist. No. 2-46
Langth of residence in city or town where death occurred	Village or City Mr. Ramier	No. Coz: 31 st x Beach st. St., Ward
2. FULL NAME (a) Residence: No. M. Raccier. (b) Residence: No. M. Raccier. (c) Majber of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (weight be word) 5. It married widowed, or divorced HUSSAND of (North) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Trade, profession, or particular 8. It also which 8. Saving, Bookneters, etc. 9. 11. Total time (years) 10. Saving, Bookneters, etc. 11. Total time (years) 12. BIRTHPLACE (city or fown) (Slitte or country) 13. SIRTHPLACE (city or fown) (Slitte or country) 14. BIRTHPLACE (city or fown) (Slitte or country) 15. INAIDEN NAME 15. MAJEN NAME 16. Saving, Saving, Company of the particular 16. Specify city or fown) (Slitte or country) 17. INFORMANT 18. BIRTHPLACE (city or fown) (Slitte or country) 18. BIRTHPLACE (city or fown) (Slitte or country) 19. BIRTHPLACE (city or fown) (Slitte or country) 10. State or country) 11. INFORMANT 12. BIRTHPLACE (city or fown) (Slitte or country) 13. BURNAL, CREMATON, OR RECE 14. Address) 15. Majern 16. Date of minute 16. Date of minute 17. Majern 18. Specify City or fown) (Slitte or country) 16. Specify city or fown) (Slitte or country) 17. INFORMANT 18. Date of minute 18. Specify City or fown) (Slitte or country) 18. BURNAL, CREMATON, OR RECE 18. Specify City or fown, country and State) 18. Specify City or fown, country and State) 18. Specify City or flown, country and State) 19. Specify City or flown, country and state) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. Specify City or flown, country and State) 19. UNDERTAKER 19. Specify City or flown, country and State) 19. Specify City or flown, country and specify city or flown, country and State) 19. UNDERTAKER 19. Specify City or flown, country and specify city or flown, c		
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Clust place of shode Bin normalizate city or cover and State	2. FULL NAME Cottontes Paul Milliamo	agnon If U. S. Veteran, specify WAR
3. SEX 4. COLOR OR RACE Male Male Male Month	(a) Residence: No. Mt Kassuls. (Usual place of abode)	
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59. If married, widowed, or divorced HUSBAND (correct of correct o	OR DIVORCED (write the word)	Febr 10 - 1936
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8. Trade, profession, or particular kind of work done, as SPINKER, SAWER, BOUNKEPER, etc. SAWER, BOUNKER, BOUNKER, BOUNKER, BOUNKER, BOUNKER, BOUNKEPER, Etc. SAWER, BOUNKER, BOUN	(4)	Feb: 10, 1936, to Feb 10, 1936
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19. UNDERTAKER T. Jaselis Jours 24. Wes disease or injury in any wey related to occupation of deceased? (Address) Synathyrelle in d. If so, specify Light Sylvery, Light Sylvery, Correction of Signature Correction of the Signa	Place Caucle Mass: Date tel- 12,-, 1936	
(Address) Phyattavelle m d. If so, specify W. Ballary of his Kinninger	- 4 d	
Teb-11 /36 / Kan hall Wal (Signed) Stelvert, Whather Coronord		1 2 3 4 40 3 4 40 4
(Olgieu)	7 el-11 / 38 / L. Mall 14 .	a. V. F III (la set as las med)
20. FILE (Address) 382h. 30/4 St. Hil Rowling	20. FILED Registrar.	2025 70B/A WA D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Age, 3	1945	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Q 5921)	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ŋ	item of infor- should state of OCCUPA-
	R. C. R. Every Y. PHYSICIANS Exact statement
FOR BINDING	IS A PERMANENT stated EXACTLY properly classified.
MARGIN RESERVED FOR BINDING	NI B.—WRITE PLANALY, WITH UNFADING INK—THIS IS A PERMANENT RECERD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MAR	Ar-Ly, Wird UNI Id be carefully suppl DEATH in plain terr y important. See ins
V. S. No. 1	N. B.—WRITE PI mation shou CAUSE OF TION is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1951
1. PLACE OF DEATH	(10)
County Junge Leavy to	Registration Dist. No. 240
Village or City Well employed	No. St., Ward
(If Length of residence in city or town where death occurredyrs,∫mos.	death occurred in a hospital or institution, give its NAME instead of street and namber) Ads. How long in U.S. if of loreign birth?
Hassey Gl. Letter Mars	thes.
2. FULL NAME VOYVILL OU AFORM SA	St Ward.
(a) Residence: No. Of William From (Usualplace of abode)	St., Wald. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SER 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Day) (Year)
5a. 11 married, widowed, or divorced to the Saither	22. JI HEREBY CERTIFY. That I attended deceased from Judy 10, 1936, to Judy 17, 1936
6. DATE OF BIRTH (month, day, end yeer)	Hast saw helpf alive on History 17, 1936; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 9 40 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER. SAWYER, BODKKEEPER, etc. S. Industry or business in which	Cerebral Thrombasis
work was done, as SILK MILL.	27.
SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month and the specific part in this securation (month and the specific part in this specific part in the specific	Washind
this occupation (month and 1932 spent in this 3 5-	Primay Come: Chamic mepheities Duration: Une
12. BIRTHPLACE (city or town) Frederica (State or country) and	Other Contributory Causes of importance: known. Cuff.
13. NAME Leorge M Keinhart	
13. NAME Levy or town) 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Hrederick & mis	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dabelle & Dunderlan	23. Il death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Dabelle & Dunderlan 16. BIRTHPLACE (city or town) Clared City (State or equintry)	Accident, suicide, or homicide?
17. INFORMANT String Cust, (Address) Gull intrain mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DE REMOVAL MADATE FEB. 1936	Manner of injury
19. UNDERTAKER Les. M. Little (Address) 2700 Edmonston and Booth . He	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Feb. 18, 1936 Mise, J. J. Smith. Registrar.	(Signed) Willyan H. Thomaso M.D. (Address) Proom Md
If more plants are needed address State Registrar	2422 N. Charles Street Baltimore Requesting 7) S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER S	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1952	
1. PLACE OF DEATH	108 30	
County June Jeans	Registration Dist. No. 24	15
Village or City Hyattsville Ind	No. Pinehursh Samlarum St.	Wand
(If	death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length ol residence in city or town where death occurredyrs,mos.		
2. FULL NAME Fames 6. Tingel	e,	
(a) Residence: No. askew till md mon	St. Ward.	-10
(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1
male white OR DIVORCED (write the word)	(Month) (Day)	93
5a. II married, widowed, or divorced HUSBAND of	(Monthy (Day)	(Year)
HUSBAND OF Many I Lelen Lingell	22. 1 HEREBY CERTIFY, That I attended dec	/
The reg o recen suggest	Jeby 5 1936, to Jeby 6	, 192] [
6. DATE OF BIRTH (month, day, and year) July 25, 1890	I last saw Nice alive on Lang 6 ,1936; d	eeth is seld
7. AGE 4 Years Months Days If LESS than	to have occurred on the date stated above, at 10. A.m.	
76 11 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, profession, or particular kind of work done, as SPINNER,		ate of onset
SAWYER, BOOKKEEPER, etc. Carpenter	(Freemonia Loboy acute:	2/1/36
Industry or business In which work was done, as SILK MILL,	encloteral !	1
SAW MILL, BANK, etc.		
O Octe deceased last worked at this occupation (month and spenting this		
year) occupation occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) / allo Ind		
(State or country)		
13. NAME Levyelleugell 14. BIRTHPLACE (city or town) Betherde Ing		
14. BIRTHPLACE (city or town) Bestheade Ind	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an eulo	nsv?
15. MAIDEN NAME Clewie Russell Wright	23. II death was due to external causes (VIOLENCE) fill in also the Jollowing:	poj
16, BIRTHPLACE (city or town) Ballimone	Accident, suicide, or homicide?	10
16. BIRTHPLACE (city or town) Dalleware (State or country)	Where did Injury occur?	., 17
hail. man 14 Harres.	(Specify city or town, county and State)	
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	•
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Ledar Fill Md Date Teb 7 79 26	Nature of injury	
not not ob.		
19. UNDERTAKER /// Change of MUSIC (Address) 1400 Change of MUSIC OF Change of MUSIC OF Change of MUSIC OF Change of MUSIC OF Change of	24. Was disease or Injury In any way related to occupation of deceased?	
Lol 19	il so, specify	
20. FILED Telrifile, 1936 Mrs. Jas. Devere	(Signed) Raykan A Ammond	M. D.

If more blanks are record, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Thus heary ton 0

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1 1	Attack of epilepsy Run over by street car	1 week ago
Chronic interstitial nephritis 1936	1921		
Cereoral nemorrnage	July 5,1927	Peritonitis	3 days ago
L S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

TION is very important. See instructions on back of certificate.

of occ

r. A-	STATE OF MARYLAND—CERTIFICATE	OF DEATH
infor- state UPA-	1. PLACE OF DEATH	*

STATE OF MARTEAND	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	—— (Fa) v 1953
County Prince George	Registration Dist. No. 245
Village or City East Riverdale Mid.	No. Mas gueger and St. Ward
7" Q (III	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	/6 ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME William Thomas Goodwi	If U. S. Veteran, specify WAR
(a) Residence: No. Mac Gulgor Bue,	St., Ward.
(U(dalplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OB DIVORCED (write the word)	Tel 15 193 6
5a If merried widowed or divorced	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended daceased from
Ta Bertha Goodwin.	Jen 11, 19 36, to feb 15 , 19 36
6. DATE OF BIRTH (month, day, and year) Feb. 9-1888	I last saw h Aug aliva on the 15 19 3 daath is sald
7. AGE Yaers Months Days If LESS than	to heve occurred on the date stated above, at
48 0 6 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importence were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	Droucho puerenna gan 10
SAWYER, BOOKKEEPER, etc.	<i> </i>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	<i>U</i>
O 110 Date deceased lest worked et 11. Total time (years)	
this occupation (month and 8-1936 spent in this occupation 2.1	
The property of the second	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) / TRAMMY (Constant)	Influenza Jan 8
13. NAME James H. Goodwin.	
14. BIRTHPLACE (city or town) Wash D. C	Name of operation WMW Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Free	23. If death was dua to axtarnel ceuses (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Moutgamery Co	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT Loda Butha Goodwin.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cast Ringidale Md	
18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury
Place Congressional Di Tet / 8, 1956	Nature of injury
19. UNDERTAKER Francis Gasch and Sous.	24. Was disease or injury In Many way related to occupation of deceased?
(Address) In alto ville Mal.	If so, specify
20 FILED John 17 1936 mm. Ins. Devere	(Signed) Muse Mattingly M. D.
Registrar.	(Address) Address N. E. Wash D. E

If more blank ar needed, adaress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AR 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

sta sta	1. PLACE OF DEATH	ACCES 1
See a see a	county RINCa Georghes	Registration Dist. No.
item of should of OCC	Village or City C-eDAR Helouts	NoSt., Ward
		If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
b. Every SICIAN tatement	2. FULL NAME ARL GOBERN	
D. Every PHYSICIANS ct statement	(a) Residence: No.C. (D. A.R. 1-e. C.++75) (Usual place of abode)	St., Ward. If nonresident give city or town and State
RI PI Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T.Y.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH CR (Oay) (Year)
NG NED T feed	5a. If married, widowed, or divorced HUSBAND of	
IDING AANEN ACT J	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A Ska.	6. DATE OF BIRTH (month, day, and year) Oto 29 4	I tast saw h
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOR IS A I stated properl ertifica	18 1 day,hrs.	week as follows of DEATH alia leided tauses of importance
- 70	8. Trade, profession, or particular kind of work done, as SPINNER SCHOOL BOW SAWYER, BOOKKEEPER, etc.	PX-EUMONIA
ERVE K—TI hould may back	Industry or business in which work was done, as SiLK MiLL, SAW MILL, BANK, etc	NO MODICAL ATTEND
INK INK E sh t it	10. Oate deceased last worked at this occupation (month and year)	NO MEDICAL ATTENTION
ZATA	12, BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
ADJ d. sc	(State or country)	*
TARGIN UNFADI supplied. n terms, so	13. NAME ARTHUR ORDER	
4 5 5 5	13. NAME ARTHUR OWNERS 14. BIRTHPLACE (city or town)	Name of operation Oata of
	(State of country)	What test confirmed diagnosis? Was there an au'opsy?
WIT:	15. MAIDEN NAME OCHIC LAS (YASONI)	23. If death was dua to externat causes (VIOL ENCE) fill in also the following:
car TH orth	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of injury, 19
ALAY, id be cal	Axana II a a I Q I	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT (Address) CAAA HECOLOTS	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PI Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Wash PC Data 19 9	Nature of injury
WRIT mation CAUSE TION i	19. UNDERTAKER LENNY & Weshingley	24. Was disease or injury in any way related to occupation of deceased?
9	(Address) 467 20 20 20 20 20 20 20 20 20 20 20 20 20	If so, specify Grear, T. Goore aching Gorner,
is is	20, FILED Feb. 10' 1936 Grace Now	(Signed) M. D. M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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-Example I	-15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. WARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be -WRITE PLA

V. S. No. 1

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1955
1. PLACE OF DEATH	(acc) x 234
County Prince Georges	Registration Dist. No.
Village or City Classical	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
a P V V	
2. FULL NAME Catally Green	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jsac Sreen	22. I HEREBY CERTIFY, Thet I ettended deceased from 19
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Peys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	to heve occurred on the date stated above, at 2 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Patient was found dead in fed with the Cause death was a partier. Other Contributory Causes of importance: A and dead death was a partier. Reart disease. Cute R. Neme of operation. Dete of
15. MAIDEN NAME Cadling Corrich 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) (Address) (Address) (Address) (Address)	Whet test confirmed diagnosis?
19. UNDERTAKER Cuthur S. Rollins (Address), 16 8 3 - 13 Rod Care: - E- 20. FILED July 18, 1936 Run N Juliusu	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? The lift so, specify from the lift so the
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

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7	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:



UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. N. B.—WRITE PLAINEY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1956	
1. PLACE OF DEATH	3	
County V. Key	Registration Dist. No. 240.	
Village or City New Westwood	No. St.	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and numb sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Harke	v - Stillbirth	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4. 14- 19: (Month) (Day)	3. Za (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dece-	
6. DATE OF BIRTH (month, day, and year) Feb. 14, 1936	I last saw halive on	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 - 20 m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ite of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
SAWYER, BOOKKEEPER, etc	P	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Oremaline,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	I down was	
AND PROPERTY AND	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
I 13. NAME If m I farker.		
13. NAME / Tayler. 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autop	
15. MAIDEN NAME Many Hiddleton	23. If death was due to external causes (VIOL ENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME Many Middleton 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Lugy I Leus on, (Address) & Thousandrevine And,	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMITION, OR REMOVAL PLANT FILM. 15, 19.36	Manner of injury	
19. UNDERTAKER Har Harber Harber Mich	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Feb. 14, 190 b. Mes. J. R. Spith. Registrar.	(Signed) Mess J. H. Dsnuth witing &	enge
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	14AA D 1930	July 5,1927	Peritonitis	3 days ago	
	**** V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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FOR BINDING

ARGIN RESERVED

V. S. No.

19. UNDERTAKER

(Address)

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 1957	
1. PLACE OF DEATH		(23)	
County Duncy Terr	ges	Registration Dist. No. 240	
Village or City 2 10		NOSt.,St NAME instead of street and name	
Length of residence in city or town where dea	0	s. ds. How long In U.S. if of foreign birth?yrs mos.	ds.
2. FULL NAME Verbena	Hawkins	2	
(a) Residence: Not Juny	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	ate
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3./SEX 4. COLOR OR RACE 5	. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Toy (Month) (Pey)	193 6 (Year)
\$B. If married, widowed, or divorced WISDAMD of (or) WIFE of Oliflon Ha	Wino	22. I HEREBY CERTIFY, That I ettended dec	ceesed from
6. DATE OF BIRTH (month, day, and year)	Muory 1886		death is said
7. AGE Yeers Months	Days If LESS than I day hrs.	to have occurred on the date steted above, at 6.3.0. Q.sm.	
50	ormin.	THE FRICTION CAUSE OF DEATH and related causes of importance	Date of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	unserife	Tuberculasis	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	/		
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spant in this occupetion		
12. BIRTHPLACE (city or town)	nd .	Other Contributory Causes of Importance:	
	ivolino		
13. NAME (are to a large to a lar	id.	Name of operation Date of Date of What test confirmed diagnosis? Was there an aut	
15. MAIDEN NAME Harrett	Booz	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	il .	Accident, suicide, or homicide?	, 19
17. INFORMANT Selfon A	awtino	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	mit fla a	Manner of injury	

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of Injury

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
	death and related causes of the CEIVED		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
				1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5	July 5,1927	Peritonitis	3 days ago
	PURPHUY S.			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CTATE OF MADVIAND	CERTIFICATE OF DEATH 195
	CERTIFICATE OF DEATH 1958
1. PLACE OF DEATH	Penistration Diet No. 23d
County True Tengs	Registration Dist. No. 22
Village or City UMMU Acu	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 15- yrsmos.	
2. FULL NAME Sarah C. Hughe	1
(a) Residence: No. ammendale And	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color to Cowed	21. DATE OF DEATH TELLINARY 7 (Day) , 193 6 (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I atlended deceased from
(or) WIFE of James W. Kughes	Jul 1935, to hebriay 7, 1936
6. DATE OF BIRTH (month, day, and year) Feb 14 1842	I last saw h M alive on 9 annary 30, 19 36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date slater above, at SSS Pm.
93 1 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATI and related causes of importanca were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Infernatus y age 2 years
SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL, MONLS	
10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Capses of importanca:
12. BIRTHPLACE (city or town) hewark h, L.	arterio schrows Semal
(State or country)	years
13. NAME Munal A Sompleyer	
14. BIRTHPLACE (city or town) Plewark W (State or country)	Name of operation Date of
15. MAIDEN NAME OThis and Mansha	What test confirmed diagnosis?
E CONTROL OF TOTAL	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
marlled B Here Sen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address) (Among envirole Prod.	Specify whether many security in the service, or the section react.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washing to Water Fell 7 , 1936	Nature of injury.
19. UNDERTAKER W W Deal	24. Was disease or injury in any way related to occupation of decease
(Address) 8/6-H-77 E Wagh DC	If so, specify
20. FILED Fel 19 36 John D. D. mith	(Signad) W. Clflu Fuffeld M.D.
Registrar.	(Address) Souys, Ud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: AR 5 19.6	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis * 1 & U V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE (OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
		1414 41 4 1 1	./ \ \ \ \	O=1/1111		01	

1953

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Prince Longe	Registration Dist. No. 235
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2	5/
(a) Residence: No. Uppper Margaret (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Tem W Westoweld	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of William andrew Hutcherso	22. I HEREBY CERTIFY. That I attended deceased from 7. 1936 to Feb. 11936
6. DATE OF BIRTH (month, day, and year) Dec 28 1861	I last saw here alive on Feb 10 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
74 - 1 - 13 or	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Elseberal
SAWTER, BUURREEPER, etc.	Hemarchage 2/3/36
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Total time (years)	
o this occupation (month and spent in this year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	General Usteriakelesoner usknow
	- Condia Vasculus Hearal
13. NAME Courad Steinber 14. BIRTHPLACE (city or town)	diesel Julian
	Name of operation
(Stata or country) Germany	What test confirmed diagnosis?
15. MAIDEN NAME Barbara anna Gestine	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country) Jermany-	Where did injury occur?
17. INFORMANT Mass Furling applich (Address) Box 15-1- Barring Dec.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL, CREMOVAL OR REMOVAL	Manner of injury
Place Wash. all. Date Fish. 13, 1936	Nature of injury
19. UNDERTAKER Harry In Sadgett. (Addressy 3/ 1/4 W. S.C. Martington De.	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 3/11 1936, Thos & Geffette Registrar.	(Signed) Soul EVandatto M. D. (Addrass) Benning By M. L.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example, 1		Example 11		
The principal cause of death and related causes of importance were as follows: MAR 9 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			4-76	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
11001111111	04 14 023	7 010	T CIVALIZATO	DATEADINATION	101	A ALL DI CATELY

-89.35

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1966
1. PLACE OF DEATH	23 3 2 2 4
County Prince Clean as	Registration Dist. No. 200
Village or City den Dongt Naght	No. St. Ward
O (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME China Villecca for	ndson
(a) Residence: No. Low ond New (4)	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	7 et 11 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yeer) 30, 1984	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
3/ 4/ 1/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Tollows:
Trede, profession, or particular	Julmoney Suberculos
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et 11. Total time (years)	
this occupation (month and 1933 spent in this year)	
marle	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Thursday Novem
SI 413 NAME POTO SAMONO	
T IA DIDTIDI ACT (discussion)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME do Maria	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
1	Accident, suicide, or homicide? Date of Injury 19
O 16. BIRTHPLACE (city or town) (State or cgunlry)	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury coccurred in the corner, in thome, or in the corner
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place VIII James De Dalot 19 19	Nature of injury
19. UNDERTAKER Diegene I ond	24. Was disease or Injury In any may related to occupation of deceased? 200
19. UNDERTAKER (Address) /360 5 Colt.	If so, specify - Male of the aut gorance
20 545 Fly 36 Even & Francian	(Signed) M. D. M. D.
20. FILED 19 Registrar.	(Address) Ingativitle Vol
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: AR 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			

GIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANE BINDING IS. A FOR UNFADING INK---THIS MARGIN RESERVED WRITE PI

Z

PLACE OF DEATH County.

STATE OF MARYLAND CERTIFICATE OF DEATH

ecareo hid

	Registration Dist. No.
Village or City Myllasel (No	St: Ward) (If death occurred in a hospital or Institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale Colored Single, MARRIED, WIDOWED, OR DIVORCED (Write the word) Jungle	16 DATE OF DEATH Heb L8 , 1:36 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Meralive on Mel 27 , 1936.
7 AGE If LESS than I day hrs. ds. or min.?	and that death occured on the date stated above, at 3.4 m. The CAUSE OF DEATH * was as follows!
DESCUPATION Trade, profession or Particular kind of work (b) General nature of industry be siness, or establishment in Which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country) 10 MAIDEN NAME OF MOTHER (State or country) 11 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country) 10 MAIDEN NAME OF MOTHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Atlanto Plantion yrs
(Informant) Joseph Jones (Address) John Bonn Bonnell	if not at place of death? Former or usual residence

Registrat

If more b.anks are needed, address State Registrar, 16 W. Statoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; in nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health business, that fact may be indicated thus; Farmer vertired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as Ai school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Peulcases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g.. Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Cotton mill; (a) Salesman. (b) George, (b) Automobile factory. The materia Stationary fremun, etc. Locomotive engineer, But in many E

Statement of Cause of Death—Name, first, the Discourse CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrof") spinal meningitis"); Diphtheria (avoid use of "Croup"); Johan pneumonia. Bronchopneumonia ("Pneumonia"); Johan pneumonia.

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Meusles (disease carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasus); inges, peritonaeum, etc., Carcinona, Sarconu, American Medical Association.) as fracture of skull, and consequences (e.g., sersus, accident; Revolver wound of head--homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the dedunus) may be stated under the head of "contributory. Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Chronic etc. affection valvular heart disease; The contributory need not be Measles; eic., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe the essential and must be obtained before the cortificate is permanently filed.

PHYSICIANS should state cord. Every item of inforof OCCUPA-Exact statement A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. FOR BINDING UNFADING INK-THIS IS ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be WITH -WRITE PLAIMLY, V. S. No. 1

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1962
1. PLACE OF DEATH	82-00 × 2.38
County Dr. Sers Co	Registration Dist. No.
Village or City Charles & M. C.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Frederick Oscar Ker	rich.
(a) Residence: No. Climton Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary agnes Herrick	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1875	I last saw h A Aliye on A Day 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 3:00 Pm.
60 6t 7 17 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, atc.	College hemorrage (266)(9)
9. industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased last worked at this occupation (month and 935 spant in this year) 4.5	
12. BIRTHPLACE (city or town) Yn. Sero Co.	Dther Contributor faux of importance:
(State or country) Mary and	Collect Coronel
13. NAME Sumo Perick	acty a
13. NAME SUMO NOMICE 14. BIRTHPLACE (city or town) - Wand and	Name of operation
(State of country)	What test confirmed diagnosis? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
15. MAIDEN NAME Chloran Handney 16. BIRTHPLACE (city or town) (State or country) Warm and	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Wary and .	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MO Mary a mo Korrich (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 36	Manner of injury
Piece L Linton Mad Date July 8 ,19	Neture of injury
19. UNDERTAKER Cuthur L. Rollins. (Address) Wisher DG.	24. Was disease or injury in any way related to occupation of deceased?
20 FILED DEN 8 , 193 - Nuy of Furnas	(Signad) (1) SULL CICHUS M. D. (Address) Oli I Venny Su D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V.S. No. 1

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	Market
D FOR BINDING	IIS IS A PERMANENT	be stated EXACTLY.	be properly classified. 1	of certificate.
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-TH	fully supplied. AGE should	n plain terms, so that it may !	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importan

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH 1982	
1. PLACE OF DEATH		1000	
County Prince George		Registration Dist. No. 245	
Village or City Colymphylon	/	No. St., V death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence In city or town where death occ	urred 2. F. yrsmos	death occurred in a hospital or institution, give its NAME, instead of street and number) ds. How long in U.S. if of foreign birth? Q.Q. yrsmos	ds.
2. FULL NAME APPOLONIA KI	REBS	If U. S. Veteran, specify WAR	
(a) Residence: No. 4 West	sual place of abode)	St., Ward. Kan the state	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	GLE MARRIED, WIDOWED. DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Yee)	r)
5a. If merried, widowed, or divorced		No. of the contract of the con	_
HUSBAND of (or) WIFE of	th. 19-0	22. Feb. 24 1939, to Feb. 25 19	from
6. DATE OF BIRTH (month, dey, end year)	27 1/858	I lest sew have elive on Felt-2 , 1934; death is	seld
	Deys If LESS then	to have occurred on the date steted above, et_11-30f_m.	
78	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:	
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	one	Date of	
C 39, Industry or business in which		Dodenna due la	
		intestinal obstruction 3.2	16
SAW MILL, BANK, etc	11. Totel time (years) spent in this occupetion	Course of the intestional obstruction : Norkenson	19:30
12. BIRTHPLACE (city or town) German	ny	Other Contributory Causes of importence:	
(State or country)		llensing	
13. NAME Information 14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)		Name of operation Dete of	
(Stete of country)		Whet test confirmed diegnosis? Was there en autopsy?	
15. MAIDEN NAME CONFUEN	on	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Dete of injury, 19	
∑ (State or country)		Where did injury occur?	
17. INFORMANT Mrocursaff	Chris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR, REMOVAL	111111	Menner of Injury	
Place WASHINGTON DC Dete	meH 2-,1936	Neture of injury	
19. UNDERTAKER 7. Jarehr S.	nul	24. Wes diseese or injury In eny wey releted to occupetion of deceesed?	
(Address) HVA T \$ 1//4 A	111.42	If so, specify The land h	
20. FILED March 2., 1936 IVINS	as. Dorrene	(Signed) Jan	M. D.

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 6 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11-11-11

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of importance were as follows: Arteriosclerosis Chronic interstitial nophritis 1915 A 1921 R	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Chronic interstitial nephritis 1921 R	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927 P	Peritonitis *	3 days ago
Other contributory causes of importance:	Other contributeur space of importance	
	Other contributory causes of importance:	
Gallstones May 1,1923 G	Gastroenteritis	1 year

	OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	0 .01	(948) *	10
County / Sunce	Children To	Registration Dist. No. 29	d
Village or City		No. St., death occurred in a horpital or institution, give its NAME instead of street and	number) Wa
Length of rasidence in city or town whe		ds. How long in U.S. if of foraign birth?yrsm	
2. FULL NAME adel	hert H. Lee	If U.S. Veteran specify WAR.	
(a) Residence: No. 306 K	rime Leo. Coy	CTSL FG/Copards	
	(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATIS 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10 (Month) (Day)	_, 193(Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Edith 2	M. Lee	22. HEREBY CERTIFY, That attended	dacaased from
5. DATE OF BIRTH (month, day, and year)	May 14-1849	I last saw h. Asa aliva on 7 4 9 1936	e : death le s
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5 45 4m.	, dodtii 13 3
86 8	27 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	1
8. Trade, profassion, or particular kind of work done, as SPINNER,	PII	Coronary Thrombos	Date of one
SAWYER, BOOKKEEPER, etc.	hypician	/	
work was dona, as SILK MILL, SAW MILL, BANK, etc	min		-
10. Date deceased last worked at this occupation (month and	11. Total time (years) spant in this		
year)	occupation	Other Contributory Courses of importance	
12. BIRTHPLACE (city or town)	utofort	Conjection heart failer	ne
(State or country)	· ref	0	
13. NAME Clycah	(dee-		
4. BIRTHPLACE (city or town)	e y Unknorm	Name of operation Date of	7
(Stata of Country)	W n	What test confirmed diagnosis?	
I		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicida? Date of injury Whara did injury occur?	, 19
17. INFORMANT MAS & du	the My Lee	(Specify city or town, county and Sta Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	Gdar High Cen.	Mannar of injury	
Place VIII VIII VIII VIII VIII VIII VIII VI	E. Date 2/10 ,1936	Nature of injury	
19. UNDERTAKER W. W. Clo (Addrass) 7 7 1/2	ynters to	24. Was disaase or injury in any way related to occupation of daceasad?	w
20. FILED 7. 10 , 1934 4	race ilni	(Signed) (Address) Transplant A	es M.
76	lefully Registrar.	N CO	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1000 - 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE	OF	DEATH	196
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1. PLACE OF	DEATH		(23)	*	
County JA	mce George			Registration Dist. No	2
Village or City	Brentwood	<u> </u>	No. 4501	Holleday	_St.,Ward
Leasth of socide		ath occurred 2) yrs mo	f death occurred in a hospital or in	nstitution, give its NAME instead of a	street and number)
	1, ~	cl.	sus. How long in 0.3	. 11 Of foresign biffing	поѕоѕ.
2. FULL NAM	E Jeorge IX	2 ce		ran, specify WAR	
(a) Residence	: No. 4501 -	- Holleday (Usual place of about)	St., Ward.	If nonresident give city or	town and State
PERSONA	I AND STATISTIC	CAL PARTICULARS	MEDICAL	CERTIFICATE OF DE	
		5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEAT		*
mel	21 7	OR DIVORCED (prite the word)		tale: 215	1 0, 193 6
5a. If married, widowed	or divorced	married		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	4 . 01	· cl	22. I HERE	BY CERTIFY, That I	attended deceesed from
	Jeorgia Z	2w	- June I.	1923, to tell.	2 l 193 b.
6. DATE OF BIRTH (m	onth, day, and year) Qu	19 14- 1872	I last saw h alive on	tel. 20	, 193 ba ; death is said , by Dr. R. E. de B
7. AGE Years		Days If LESS than 1 day,hrs.	to have occurred on the date		0
6. DATE OF BIRTH (m 7. AGE Years 8. Trade, professi		7 ormin.	were as follows:	DEATH and related causes of Import	Date of onset
kind of wor	on, or particular rk done, as SPINNER A	sh: Terminal	Pulmor	ary dulies	1920
Industry or bu	siness in which				
	one, as SILK MILL, BANK, etc		-		
o this occupa	last worked at tion (month and	11. Total time (years) spent in this			
year)	101920	occupation 40	Other Contributory Causes of	Importance:	
12. BIRTHPLACE (city	· //N	Munghon her	-		
12. BIRTHPLACE (city (State or country 13. NAME	1	. 001	-		
	m traull	m Jel			
14. BIRTHPLACE (£0.	Name of operation	CI +	10
. Colate of Co	01: 00	010 =		s? Duluna Was	
15. MAIDEN NAM	ulice vi	rgma While		al causes (VIDLENCE) fill in elso the	
15. MAIDEN NAM 16. BIRTHPLACE ((State or c		1,00		e? Date of inju	ry, 19
© State or c	M C	asy no	Where did injury occur?	(Specify city or town, coun	ity and State)
	Jeorgia &	dec	Specify whether injury occur	red in INDUSTRY, in HDME, or In P	UBLIC PLACE.
(Address) 18. BURIAL, CREMATIC	DN. DR REMOVALE	e con a	Manner of Injury		
Place Led		J. Date 4.6: 24/ 1936	Nature of injury		
O 19. UNDERTAKER	OI L.	de de		any wey related to occupation of dec	M.
19. UNDERTAKER (Address)	of Care	isalli mid	If so, specify	my wey related to occupation of dec	:eased?! SO_1
20	and Signal	The day	(Signed)	Man had	eller un
20. FILED J. O.	LH., 19(3/6)	De Vita Registrar.	(Address)	50 Jonn. O	we how
	If more b	lanks are needed, address State Registrar			J. a. Lesu

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU, V. S.	12		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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r G	ENT RI	LY.
BINDIN	ERMANI	EXACT
FOR	IS A P	stated
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SERV	NK-T	plnods
N RES	ING II	AGE
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	WITH	refully
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V	AIL	q p
	PL	luods
	-WRITE	mation s

1 01 405 05		OF MAR	RYLAND—	CERTIFICATE OF DEATH 1967	
1. PLACE OF				(93-2) 30 23	9
Village or Ci	ince Georges.			Registration Dist. No. 23	· /
			(I)	No. Laurel Sanator sum St., f death occurred in a hospital or institution, give its NAME instead of street and pu	Ward
Length of resid			yrs 8 mos	sds. How long in U.S. If of foraign birth?yrsmos.	ds.
2. FULL NAM				0001	1
(a) Residence	e: No. 3507 Rei		Road	St., Ward. Baltimore, Md	
PERSON	AL AND STATIST			If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tale
3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married				21. DATE OF DEATH Feh. 15, 1936. (Month) (Day)	193
5a. If merriad, widowe HUSBAND of	d, or divorced				
(or) WIFE of	Jacob M. Lev	y		22. I HEREBY CERTIFY, That I attended do Feb. 13 15 15	eceased from
6. DATE OF BIRTH (month day and year) Se	pt. 21,	1871		
7. AGE Year		Days	If LESS than	to have occurred on the date stated abova, at	30atii 13 3aid
63	4	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wara as follows:	
kind of we SAWYER,	slon, or particular or done, as SPINNER, BDDKKEEPER, etcusiness in which done, as SILK MILL,				Pan of onset
SAW MILL 1D. Date deceese this occup	BANK, etc	11. Total sp	time (years) ant in this cupation		1936
	Pnooi		ad patient a same a same	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city (Stata or count	or town)			Chronic Myocarditis	
13. NAME MOI	rris Elfant				
13. NAME MOI	(city or town)	ssia		Name of oparation	2
15. MAIDEN NAM	E Dobbis Ba	ron		23. If deeth was dua to axternal causes (VIOL ENCE) fill in also the following:	opsy r
15. MAIDEN NAM	(city of town)	us sia		Accident, suicida, or homicide? Date of Injury Where did injury occur?	, 19
(Address)	spital Recor Laurel Sanit			(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLAC	E.
18. BURAL, GREMATO	DN, DR MINDVAL	Data 4	14 36,19	Manner of Injury	
19. UNDERTAKER(Address)	1439	Balto	· st:	24. Wes disease or injury in any way ralated to occupation of dacaased?	
20, FILED FULL	5 ,1936 M.	Brach	ears al Registrar.	(Signed) July Over (Address) Land	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

be properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA-

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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PLOTAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			III. AMO E I

afor- state PA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1969
ARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT REPORT SHOULD Every item of infor- applied. AGE should be stated EXACTLY. PHYSICIANS should state terms, so that it may be properly classified. Exact statement of OCCUPA- instructions on back of certificate.	Village or City Capatal Heights, My	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
S. I.S.	Length of residence in city or town where death occurredyrs,mos 2. FULL NAME Biggian Type and general and gene	last, Hee Way lete Heed Y
E PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
77.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tel 25, 1936 (Month) (Day) (Year)
MANE A C T assifie	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Natals Manganaro	22. HEREBY CERTIFY. That I ettended deceased from Feb. 5, 1936, to Feb. 25, 1936
R BIN PER ed EX erly cl	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS/than	I last saw here alive on Tele 1936; death is said to have occurred on the date stated above, at 3.30 Acm.
- 70	8. Trade, profession, or particular kind of work done as SPINNER	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onest
RVEI -THI ould be nay be nack of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic respondentes Fel 193
TESE TINK TE sho that it is on h	SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation contact of the second se	Chrome Exudature replieto for 1930
IN DIP	12. BIRTHPLACE (city or town) Taly (State or country)	Other Contributory Causes of Importence: Large Ventral Germina unline Valuable and allers balls
	13. NAME / asquala Treni 14. BIRTHPLACE (city or town) - Traffy (State or country)	Name of operation 2000 Date of
	1 (State of County)	Whet test confirmed diagnosis? Was there en autopsy? 24.
be carefully EATH in plai	15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
Y P P A	17. INFORMANT - Frank 3 and 6 (Address) // 1 4 5 4 6 6	Where dld injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Date Feb 2 5 49 36	Manner of injury Nature of Injury
B.—WRI mation CAUS TION	19. UNDERTAKER Chas. Surhorst Co., (Address) 301-E. Cafe) St Wash Loc,	24. Was disease or injury in any way related to occupation of deceased?
\$ [z]	20, FILETEL, 25, 1936 Grace gloss Registrar.	(Signed) Fleel Clan Matter M. D. C. M. D. C. M. D. C. M. T.
(1	If more Blanks are noteded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S.No. 1. Box 555

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r by street ear	
- 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 week ago
tis S	3 days ago
ontributory causes of importance:	
	1 year
	contributory causes of importance:

TION is very important. See instructions on back of

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FOR BINDING	X A	class
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1. PLACE OF DEATH	1970
County Prince Learne	Registration Dist. No. 242
Village or City Capellal Heighte	ONO St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?grsmosds
2. FULL NAME Matale Manga	naro 1
(a) Residence: No. Capitol Heights	St., Honresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Broggia Manganaro	22. I HEREBY CERTIFY, That I ettended deceased from Feb. 2.5. 1936 to Feb. 2.5. 1936
6. DATE OF BIRTH (month, day, and year) unknown 1873	I last saw h. Lan. alive on F. Ch. 28 193 6; death is sale
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trede, profession, or particular kind of work done, as SPINNER Petuced SAWYER, BODKKEEPER, etc.	Left lobas Praismonia 2/23/3
SANdustry or business in which work was done, as SILK MIN Jash. Rwy	
10. Date deceased last worked at this occupation (month and year)	
12. BtRTHPLACE (city or town)	Other Contributory Causes of Importance: General Arelevistalleraise unless
(State or country) 2 13. NAME Frank Manganaro	Chronic upposarditio unhus
13. NAME Flank Manganaro 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Was there an autopsy? 240
# 15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Frank La Birriaco (Address) Whoh are	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Washington Dete. 2/28, 1936	Manner of injury
19. UNDERTAKER AND Suchorst Co.	24. Wes disease or injury In eny way related to occupation of deceesed?
LO, FILED Feb. 28, 1936 Grace blow Registrar.	(Signed) Faul C Janu Matta M. 1 (Address) Bearsunge Dt. HH.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

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Chronic interstitial nephritis MAR 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH, Organia
1. PLACE OF DEATH		6 20	1371
County Ssince Ge	maes	93-0	Registration Dist. No. 242
Village or City Cakitol	Hate	No.	St.,Ward
	//		tion, give its NAME instead of street and number)
Length of residence In city or town where death	occurredyrs,mos	as. How long in U.S. et o	f foreign birth?yrsmosds
2. FULL NAME Gleer	mo	mullin	
(a) Residence: No. Jurga Pr	Res	St.,Ward.	<i>N</i>
PERSONAL AND STATISTICAL	(Usual place of abode)	MEDICAL C	If nonresident give city or town and State ERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	ENTITIONIE OF DEATH
	R DIVORCED (write the word)	and a second	Feb 25 1936
5a. If married, widowed, or divorced	manued		(Month) (Day) (Year)
HUSBAND of	no 100 00:	22. I HEREBY	CERTIFY, That I attended deceased from
mary. W.	no mices	Nov 25	,1935, to tel 25,1936
6. DATE OF BIRTH (month, day, and year) Jus	017,1872	I last saw h elive on	2 4 , 193 6 ; death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stete	
64 2	ormin.	wore as follows:	H and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER.	1 0	Chegains	Myscardeler Jan 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ioue	Chronic	attheriter
work was done, as SILK MILL,		Yhyperl	raplice)
10. Date deceased last worked at	11. Total time (years)	7	dullar jue 1935
this occupation (month end	spant in this occupation		
12. BIRTHPLACE (city or town) Rich	mond 1	Other Contributory Causes of Impo	ortance:
(State or country)	Va		
13. NAME Jos / Yeury 1	no mullin		
13. NAME OS THEMY 14. BIRTUPLACE (city or town)		Name of operation	Date of
(State or country)	mu)		Was there an autopsy?
15. MAIDEN NAME Catherine	mc Carte		uses (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Cathering 16. BIRTHPLACE (city or town)			Date of Injury
(State or country)	Va	Where did Injury occur?	•
17. INFORMANT IN Mich	rolason	Specify whether Injury occurred in	(Specify city or town, county and State) n INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Seat Plea	nant		
18. BURIAL, CREMATION, OR REMOVAL	d. 9 2.7 81	Manner of injury	
Place + Tomisho Da	ite 2 - 2/, 19 3/	Nature of Injury	
19. UNDERTAKER WW Chy	mbers Co	24. Was diseese or injury in any w	ey related to occupation of deceased?
(Address) 5/7-// Q	4000	If so, specify	
20. FILED Tele, 25 19.36 Gras	e Nour	(Signed)	e Van Mallo M.
hles	Registrar.	(Address) Ben	
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Re	equesting V. S. No. 1. 130x533.

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i i	Example II	
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
ji		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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supplied. AGE should be stated EXACTLY. PHYSICIANS should state in terms, so that it may be properly classified. Exact statement of OCCUPA-				
Supplied. AGE should be stated EXACTLY. PHYSICIANS should in terms, so that it may be properly classified. Exact statement of OCC and instructions on hack of certificate.	infor-	state	UPA-	
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supplied. AGE should be stated in terms, so that it may be proper to instructions on back of certifications on back of certifications.	PE	田	ly.	210
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supplied. AGE should be in terms, so that it may be instructions on back of	IS	sta	pro	PPF
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TION is very important.

1. PLACE OF DEATH County PRINCE CRORGES. Village or City Or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. 2. FULL NAME JOHN C. MUNCASTER. (a) Residence: No. 907 16th St. N. W. Washingtots! D. G. How long in U.S. If of feeting billion. PERSONAL AND STATISTICAL PARTICULARS S. SEX Male. **COLOR OR RACE* S. MUNCASTER. S. HILL SAM RESIDENCE White S. S. MUNCASTER. S. HILL SAM RESIDENCE White S. S. MUNCASTER. **COLOR OR RACE* S. MUNCASTER. S. MUNCASTER. S. MUNCASTER. S. HILL SAM RESIDENCE **COLOR OR RACE* S. MUNCASTER. S. HILL SAM RESIDENCE White S. S. MUNCASTER. S. HILL SAM RESIDENCE S. HILL SAM RESIDENCE White S. S. MUNCASTER. S. HILL S. HILL SAM RESIDENCE S. HILL S. HILL SAM RESIDENCE S. HILL S. HILL SAM RESIDENCE S. HILL S. HILL SAM RESIDENCE S. HILL S. HILL SAM RESIDENCE S. HILL S. HILL SAM RESIDENCE			JF MAK	YLAND-	CERTIFICATE OF DEATH	
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Langth of residence in city or town where death occurred. 21			S.		Registration Dist. No. 20	7
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work was done, as SIK MILL, BANK, etc. 10. Oate daceased last worked at about this occupation (month and 1913 spant in this occupation. **EQ.Ord** 12. BIRTHPLACE (city or town) Maryland. (State or country) 13. NAME Otho Z. Muncaster. 14. BIRTHPLACE (city or town) Maryland (State or country) 15. MAIOEN NAME Harriet E. Magruder. 16. BIRTHPLACE (city or town) Maryland. (State or country) 17. INFORMANT. Clinical records, Laurel Sanitariu (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (California) Burial California) Burial California (California) Burial Califo			eal estat	е	Cancer of the stomach. unk	nown
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70.111111111111111111111111111111111111	Fel 4	36/2	Brusk	and.	T (MM)M)	M
	20. FILED?	, 190.0/	Leca	Registrar.	(Address) Laurel Sanitarium	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

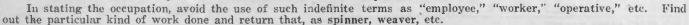
To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.



In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage MAD 3 1936	July 5, 1927	Peritonitis	3 days ago
	F.A.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year

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of infor-OCCUPA should item statement SICIAN Exact 3. SEX classified. certificate. 7. AGE OCCUPATION Jo may back that instructions supplied terms. FATHER 13. NAME plain be carefully MOTHER important. in

1. PLACE OF DEATH County PRINCE CEORGE Registration Dist N Village or City MT&RAINIER (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?______vrs._____mos. If U. S. Veteran, specify WAR... (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) NCLE (Year) 5e. If married, widowed, or divorced HUSBANO of 22 ERTIFY. That I ettended deceesad from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) Yeers Months If LESS then 1 dey,....hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence 15 or min. Oats of onsat 8. Trede, profession, or particular 2/4 kind of work done, es SPINNER. SCHOOL SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc..... 11. Totel time (years) 10. Oate deceased lest worked et this occupation (month and spent in this occupetion 12. BIRTHPLACE (city or town) (Stete or country) OHENTINE 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 23. If death was due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicida, or homicida?______ Dete of injury______19____ OF DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?... (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods (Address) 3 18. BURIAL, CREMATION, QR REMOVAL Manner of injury CAUSE COeta FEB 70-, 1936 Netura of injury. LION 24. Was disease or injury in any wey releted to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEAT

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of do of importance were as for	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1145 % 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	s MAR 5 1800	1921	Run over by street car	1 week ago
Cerebral hemorrhage	KIRDATI V G	July 5,1927	Peritonitis	3 days ago
		W		
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

rte A.	STATE OF MARYLAND—CERTIFICATE O	F DEATH
info sta UP	1. PLACE OF DEATH	*
W POO	County Junice Sup	Registration Dist. No

1. PLACE OF DEATH	(98-C) ×
County June Sta	Registration Dist. No. 243
Village or City 2500le	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME MANY	Passano
(a) Residence: No	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (pointe the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH / 18 (193 (Year)
6. DATE OF BERTH (month, day, and year) Wars Months Pays If LESS than	22. JHEREBY CERTIFY, That I attended deceased from 1920, to 1936; death is said to have occurred on the data stated above, at 11 m.
63 8 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profassion, or particular kind of work dona, as SPINNER,	Lebronic majorathan with Date of one et
SAWYER, BODKKEEPER, etc.	myrearlias degination 920/33
SAW MILL, BANK, etc	Hyfotonsian 1918
12. BIRTHPLACE (city or town) / 3 de transporter (State or country)	Other Contributory Causes of importanca:
13. NAME Survey Con Ball	

FATH

14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME

(Address)

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

23. If death was due to external causas (VIOL ENCE) fill in also the following:

Name of operation.....

What test confirmed diagnosis?___

Accident, suicide, or homicide?______ Dala of injury_______19.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

24. Was disease or Injury in any way ralated to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example La management of the management		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAD A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:00 . 1975
County Princi Georgio.	Registration Dist. No. 242
Village or City Farmont Heights	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
() P +	- ds. How long In U.S. if of foreign hirth?yrsmosds.
2. FULL NAME I drand Valleron	med *
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH F. 2 5 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bearing Patterns	22. I HEREBY CERTIFY, That I attended deceesed from F.M. 2 4 1936 to FM 2 7 1936
6. DATE OF BIRTH (month, day, and year) Trick 10 1883	I last saw h alive on F 24 , 19.3 ; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	chimic rabular heart when
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and spent in this	draws -
yeer) Spent in this occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	how hites link
13. NAME Constru' Patterson	
13. NAME (austru' Vallerau') 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of
(State or country) M.C.	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Traceri Black.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Besse Patterson (Address) Farmout HEights and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL DC Date 2/23 1936	Manner of injury
19. UNDERTAKER Army & Was Country (Address) + 162 - 20 of 200	24. Was disease or injury in any way related to occupation of deceased?
20. FILEBELO 25, 1936 Grace Por Registrar.	(Signed). 3M Brady M. D. (Address) Sunt Planary Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis 1936	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ngo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT R AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLA

MARGIN RESERVED FOR BINDING

V. W. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Prince Levy is	1976 243
Village or City Bowie	Registration Dist. No. 272
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
(a) Proider NAME of the Court	CA Ward
(a) Residence: No. /3 vvv (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Colored Solved Solve	21. DATE OF DEATH Jet. (3 ,193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of alice R. Prout.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jon. 7 1868	i iast saw in alive on
7. AGE Years Months Days if LESS than 1 day,hrs.	was a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onest
9 industry or business in which work was done, as SILK MILL enna Railroad SAW MILL, BANK, etc.	
this occupation (month end May 33 11. Total time (years) spant in this occupation occupation 50	Other Caatribatary Causes of Importance:
12. BIRTHPLACE (city or town) Turne Hange Cly (State or country)	- Control Control of Importance.
13. NAME William rout.	
13. NAME Welliam rout, 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Maria Lyle 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANTING Edna mat (Address) Avenie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place College Author Date 1 9, 19.3 4	Manner of Injury
19. UNDERTAKER M. Flating & Sange (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED John 193 6 F Thancus Min. Registrar.	(Signed) Any Chus M. [(Address) Rome

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Example I		Example II	
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Chronic interstitial departitis-	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1996	July 5,1927	Peritonitis	3 days ago
MAR 4 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N.	ENT RECEND. Every item of infor-	PHYSICIANS should state	Evact etatement of OCCUIDA.
	AD. Every	IYSICIANS	ctatement
TG.	ENT RE	TLY. PF	A Frant

BAWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	=
item	shor	0 Jo	1
very	ANS	nent	
D. E	SICI	taten	
Scon	PHY	act s	
T RE	Χ.	Ex	
NEN	CTL	ified.	
RMA	XA	class	
A PE	d E	erly	TION is very important. See instructions on back of certificate.
IS	state	prop	certif
HIS	l be	pe '	Jo y
K—T	hould	may	back
ZI	E	lat it	s on
DING	AG	so th	ction
IFAI	lied.	rms,	nstru
Š	Idns	in ter	see in
VITE	ully	plai	it.
Y, V	care	H in	ortan
K	be	EAT	imp
PLA	hould	OF D	very
ITE	on s	SE	Si Z
WR	mati	CAL	TIO
A		7	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	92-0	111
County Truck TEorge	Registration Dist. No.	7-6
Village or City Mt: Rainier	No. 3962 - 31 St., death occurred in a hospital or institution, give its NAME instead of street and	Ward ward
Length of residence in city or town where death occurred		
2. FULL NAME de K. M. Schwidt	If U. S. Veteran, specify WAR	
(a) Residence: No. Mt. Rainier 3962-3	P/ St., Ward.	
(Usual place of abode)	If nonresident give city or town at	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Official	21. DATE OF DEATH God (80 (0ay)	
5a. 11 married widowed, or divorced HISBAND of (OT) HES OF Laugott Erney Schmidt	22. HEREBY CERTIFY, That lattende	ed deceased from
6. DATE OF BIRTH (month, day, and year) also 22- 1858	I last saw h alive on 3 bug 1 193	
7. AGE 77 Years 9 Months 026 Oays If LESS than	to have occurred on the data stated abova, at	0
18 1958 April 22 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as I ollows:	
8. Trade, profession, or particular		Date of onset
kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. Housewife	Cardiar block	Lon 15/21
9. tndustry or business in which work was dona, as SILK MILL, Own home. SAW MILL, BANK, etc		10
10. Date deceased last worked at 11. Total tima (years)		
this occupation (month and spant in this occupation		
12. BIRTHPLACE (city or town) Hamburg Germany	Other Contributory Causes of Importanca:	1991
(Stata or country)	E. O	974
13. NAME Trans Reimers	- Carlos	
13. NAME Chang Reimers 14. BIRTHPLACE (city or then) Sermany	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there as	
15. MAIOEN NAME Anna Catharina Meyer	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Anna Catharina Meyer 16. BIRTHPLACE (city or town) Sermany	Accident, suicide, or homicide? Date of Injury	
State or country)	Where did Injury occur?	
17. INFORMANT Margaret Catherine Schmidt	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Trash: N.C. Date Feb: 20-1936	Nature of injury	
19. UNDERTAKER F. Jaselis Sous	24. Was disease or injury in any way related to occupation of deceased?	
(Address). Phyallsville m d	II so, specify Share the state of the state	
20. FILED 2/19 36/15 by hally M. D.	(Signad)	М. о.
Registrar.	(Addrass)	4

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Chronie interstitial nephriti		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 1936	July 5,1927	Perilonitis	3 days ago	
	BUREAU V. S				
Other contributory cause	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		J			

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1978
County Vr Jes	Registration Dist. No. 246
Village or City Drawdy wme	No. St., Ward
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Julia Estelle DCa	1
(a) Residence: Not Brandzinia Mrd.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Jungle	21. DATE OF DEATH July (Day) (Year)
5. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. SI HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Qua 18 - 1915	Hast saw her alive on Trops 12 1936: death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above/alm_
20 5 24 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of importance were as follows:
8 Trade profession or parlicular	Date of onset
kind of work done, as SPINNER, Action of Mork Washington of Work was done, as SILK MILL,	Interculores
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate daceesed last worked at this occupation (month and year)	
192	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) of any wing (State or country)	
13. NAME Sphriam Ocatt	
14. BIRTHPLACE (city or town) Drawdy wire	Name of operation
(Stete or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sarah Hurdy	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sarch Hardy 16. BIRTHPLACE (city or town) 2 Mascs (State or equative)	Accident, suicida, or homicide?
S (Stete or country)	Where did injury occur?
17. INFORMANT Antication Scutt (Address) Thandren ma	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place J. North Lender gate S. V. 1.3.4	Nature of injury
19. UNDERTAKER A. S. Surves	24. Was disease or injury in any way releted to occupation of decaased? 20
(Address) Agranco. May.	If so, spacify
20, FILEO Kel. 15, 1936 Mes. J. W. Smith	(Signed) / Milliangs At. Two was M. D.
Atreal Registrar.	(Address) No om md.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SI Exact properl Jo back plnous may that instructions supplied terms, See plain carefully important. in DEATH pe should very OF CAUSE ation LION M

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U, S. if of foreign birth? Length of residence in city or town where death occurred... __mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) (Month) 5a. If merried, widowed, or divorced HUSBAND of CERT FY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) to have occurred on the date stated above, at 2:30a m 7. AGE Months If LESS than Years Days 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or____min. Date of onset 8. Trade, profession, or particular TION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 1D. Date deceased last worked at this occupation (month and spant In this occupation __ @ yeer) _____ Contributory, Causes of importance: 12. BIRTHPLACE City or to (State or country) FATHER 13. NAME Neme of operation___ Date of. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, & homicide? ---- Date of injury 16. BIRTHPLACE (city or town (State or country Where did injury occur (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? if so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 4 Z

should state

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	1950
EATH					

1. PLACE OF DEATH			(131)	4		
County V zance	Levyes			Registration D	ist. No. 24	3
Village or City	Bourie		NoNo			
Length of residance in city or tow	n whera deeth occurred	yrs,mos	ds. How long in U.S. if	of foreign birth?	yrsm	osds.
2. FULL NAME	lia Str	There				
(a) Residence: No.			St., Ward.	*		
	(Usual place of	abode)		If nonresident g	ive city or town and	State
PERSONAL AND ST	ATISTICAL PARTIC	ULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR R.	S. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH	Feb. (Month)	/ 5 (Day)	, 193 6 (Year)
5e. If merried, widowed, or divorced HUSEAND OF (or) WIFE of John)	nervan &	tothers		Y CERTIFY		deceased from
6. DATE OF BIRTH (month, day, and year	er) lec. 18,1	857	I lest saw h ev alive on	Fet. 11		; death is said
7. AGE Years Me	onths Days	If LESS than 1 dey,hrs.	to have occurred on the date stat	,	B.m.	
l 8 Tendo esotacion e continuo		ormin,	wera as follows:			Date of onset
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	NER,		C	2 2 0	00-	
9 Industry of business in which	n	-e_	Chronic	reph	tio	7
SAW MILL, BANK, etc	11. Total tim	e (years) in this				
12. BIRTHPLACE (city or town)	wing		Other Contributory Causes of imp	ortance:		
13. NAME PAR	0 1/2	100				
H	and of				*************	
(State or country)	Va		Neme of oparetion			
	Hughes 5	imms	What test confirmed diagnosis?			
16. BIRTHPLACE (city or town)	the adison Go. V.	4	23. If death was due to external ce Accident, suicide, or homicide?	D	-	
17. INFORMANT Caset	on Stwo	Lero	Where did injury occur?	(Specify city or to	own, county and State E, or in PUBLIC PL/	e) ACE,
18. BURIAL, CROMATION, OR REMOVAL	Date Tel	1-1.193 (Manner of injury			
19. UNDERTAKER W. H. a.d.	eus of Sou		24. Was disease or injury in any v		ion of daceased?	w
20. FILED 21. 19.3	9 Hancu	Registrar.	(Signed) Henry (Address)	Bou	nin-	. м. D.
	YC 11 1 1 1 1					

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAD 4 1999	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

11.7	•—		
	S A PERMANENT RECORD. Every item of i	PHYSICIANS should	Ponoriv alassified Event statement of ACCI
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	ery	Z	tut.
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OR BINDING	E	L	po
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OR	A	ate	out
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STATE	OF MARYLAND-	CERTIFICATE OF DEATH 1981	
1. PLACE OF DEATH	M	108) × 7-3.	7
County A / ZUSICE	X lenge	Registration Dist. No.	
Village or City Upper	Marelin	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and number	Wa
Length of rasidance In city or town when	ra death occurredyrs,med	Pds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME andrew	V Themas Sul	Servery If U. S. Veteran, specify WAR	
(a) Residence: No. 247111	Murllero	St., Ward, X	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	1
3. SEX M, 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIMORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	(Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	Lellerien	22. J. HEREBY CERTIFY, That I attended decea	
	1.10 11 1879	19/6, to \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	19.2.
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at	ith is s
56	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
_ 8. Trede, prolassion, or particular		were as follows:	te ol on
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc	inderlaker	- Dout la la Chier !	
9. Industry or business in which work wes done, as SILK MILL,		Color Man Melimonia	
SAW MILL, BANK, etc	11. Total time (years)	-	
this occupation (month end year)	spent in this occupation		
12. BIRTHPLACE (city or town)	of.	Other Contributory Causes of Importance:	
(State or country)	y-		
13. NAME andrew	Sullivan		
14. BIRTHPLACE (city or town)	ely andrie	Name of operation Oate of	
(otate of country)		What tast confirmed diagnosis? Was there an autops	sy?
15. MAIDEN NAME / achel	dyles	23. If deeth was due to externel causes (VIOL ENCE) fill In also the following:	
0 16. BIRTHPLACE (city or town)	alley, of	Accident, suicida, or homicide? Date of Injury,	19
(Stete or county)	111:	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Addrass) 441 - 7-	sillyand 50	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	W 3/1/	Menner of Injury	
Place Chey conclea, I	Date / 2/ 1986	- Nature of injury	
19. UNDERTAKER Allelin	(B)	24. Was disease or injury in any wey related to occupetion of deceased?	D
(Address) April 11	entrow the	If so, specify	
20 FUED Tel 29 1976 /	Bus Han th	(Signed) William It Tobons	M
	Registrar.	(Address) Orom ma	

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Example I	1	Example II	10
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage (MAR 5 1958	July 5,1927	Peritonitis	3 days ago
VIXU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			les miles

÷ +	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	1000
M G G G G	County Preyee Leorges	Registration Dist. No. 235
item of should of OCC	Village or City. Suttland	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth of residence in city or town where death occurredyrs,mos	ds How long in U.S. if of foreign birth?yrsmos ds
Eve NA)	2. FULL NAME John Martin	wanu.
tD. Every YSICIANS statement	(a) Residence: No. Suitland	St., Ward. If nonresident give city or town and State
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r R Y. PH Exact	3. SEX 4. COLOR OR RACE DR DIVORCED (write the word)	21. DATE OF DEATH LEBruary 25 193 6
EN TIL	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
BINDIN ERMANI EXACI y classific	(or) WIFE of Mary E. Mandall	22. I HEREBY CERTIFY, That I attended deceased from
RM X S	5-19-1861	Horeh 1933 to Tev- 25, 1936 death is sale
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:45 Pm.
FOR IS A I stated properlines	74 9 6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 100 -	8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebral Hemorrhage 2/24/
TED THIS d be y be k of	SAWYER, BODKKEEPER, etc	
ERV] K—T hould may	work was done, as SILK MILL Jardener SAW MILL, BANK, atc.	
2 X a ii a	11. Total time (years) this occupation (month and spant in this	
REN VG I AGE that	year) oscupation	Other Contributory Causes of importance:
IN I	12. BIRTHPLACE (city or town) McC.	
MARGIN RE UNFADING supplied. AGI n terms, so tha	II 13. NAME W/Mi · Swarm ·	
T. D Ha	13. NAME 13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
Ily S	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
be carefully EATH in plai	15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
cal TH port	16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
d be can DEATH	17. INFORMANT Mary E. Swame .	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
hould OF D. very	(Address) Suttand, Mat	N
E S E S	Placest Janatuis Date 2/28 , 1936	Manner of injury
-WRITH mation s CAUSE TION is	Thos. 7 Musicuston	24. Was disease or Injury in any way related to occupation of deceased?
No. 1	19. UNDERTAKER (Address) Washington	If so, specify
5 (1) (F	80. FILED 2- 28, 1936 Z. O Mineas	(Signed) T. Nolling glworth M.
> 601	Registrar.	(Address) 2015-hicholo ave. S.E.

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Example I	de la company de	Example II		
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Oth C.		
		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT

In V	1. PLACE OF DEATH	8220 50 031
ould st	County Prince George	Registration Dist. No. 233
should of OCC	Village or City Foresbulle Ind	No. alyx House St., Ward
0	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) 3 ds. How long in U.S. if of foreign birth?yrsmosds.
PHYSICIANS ict statement	2. FULL NAME Musgaret a Swee	ney
SIC	(a) Residence: No. Masloon Ma	St. Ward.
H X	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CY.	Femal White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Dey) (Yeer)
A C T Issified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Greensberry Sureenes	22. I HEREBY CERTIFY That I attended deceased from
cla .	6. DATE OF BIRTH (month, dey, end year) Mary 28 4 1864	I last saw h. M. alive on Jely 23 1936 death is said
	7. AGE Yeers Months Days If LESS than	to have occurred on the dete steted above, at 3:05a_m.
stated properly certifica	7/ 8 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
	8 Trede profession or perticular	were as follows: Date of onset
be of	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. S'Industry or business in which	(Visult of Cerebral hemorrhage) 1930
should it may n back	9: Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Nustr
E sh t it	10. Dete deceased last worked at this occupetion (month and 1930 spent in this occupetion yeer)	
oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town)	Dether Contributory Courses of Importence Decise Sacial Dec 19
ied ns, stru	w1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I was clest re grom.
	王 /	Name of operation. Date of
in is	14. BIRTHPLAGE (city or town)	N.
efully in pla ant.	E 15. MAIDEN NAME Mary A Diseas	What test confirmed diagnosis? (Y = S = Was there an autopsy? 17 = Was there an autopsy? 17 = Was there an autopsy? 17 = Was there an autopsy? 18 = Was there are unionsy. 19 = Was the
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
e ca	(State or country)	Where did injury occur?
	17. INFORMANT MAN ada Sweening (Address) Marlono Md 18-2.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL CALLAGE	Menner of injury
	Place St. Barnabus mc Date Jeb 26 1936	Neture of injury
mation s CAUSE TION is	19. UNDERTAKER Relakel Brothers	24. Wes diseese or injury In eny wey releted to occupation of deceesed?
FOH	(Address) upper marellara mal	If so, specify
A	20. FILED 2 - 25- 1936 Thos. D. Guffith	(Signed) M. D. M. D.
	/ Registrar.	(Address) VELL SUMMING BU D.C.
	15 more Dianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1983

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	t
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1968
1. PLACE OF DEATH	1/3
county PRINCE GEORGES	Registration Dist. No. 924
Village or City GREATEN CARITOL	No. 1616-1475 St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME With margaret (high	lesk1) Thiel
(a) Residence: No. 200 block. Crystal sty	Wist., Ward.
(Usual place of sylode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
To OR DIVORGED (write the word)	1=e3 5 193 6
5a. if married, widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. — I HEREBY CERTIFY. That I attended deceased from 1936 to 1-28.
6. DATE OF BIRTH (month, day, and year) Oruly 17-1935	liast sew h ER alive on FER 4 , 1936; death is seid
7. AGE Years Month Deys If LESS than	to have occurred on the data stated ebove, atm.
6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	BRUNCHO-PNEMONIA POBLOGIONES
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate daceasad last worked at this occupation (month and	
10. Oate daceasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Capital Heights (State or country)	Other Centributory Causes of importance:
13. NAME Win Maleski.	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diegnosis?
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CULL Professor	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Washinglos & Cote tel. 5 , 1986	Nature of injury
19. UNDERTAKER W.M. H. Sardo + Co. (Address) 412-H of N.E. Wish, D.Co.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Fals 5, 19 36 Space Down Registrar.	(Signed) MCCC MASH D. M. D. (Address 10 9 5 M F MASH D. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example-I	. 11	Example II	
The principal cause of of importance were as	death and related eauses follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis READ To 1968		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1984
1. PLACE OF DEATH	948 + 025
County Prince George	Registration Dist. No. 235
Village or City Forestally	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Packaged Educad	11-
(a) Residence: No. 7 mentalle	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lyclia Elessbeth Home	22. I HEREBY CERTIFY, That I attended deceased from 7 4 3 1956 to 7 4 4 1936
6. DATE OF BIRTH (month, day, and year) 7 - (4, 864	I lest saw h Au elive on 7 16 4 1936; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at \$\int_0_Qm.
71 11 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER,	Coronery Thromboard
9. Industry or husiness in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
Data deceased last worked at this occupation (month and spent in this	
year) ccupation	Other Coutributory Causes of Importanca:
12. BIRTHPLACE (city or town) Theslylle	
(State or country)	
13. NAME Rechard Edward Thomas 14. BIRTHPLACE (city or town)	
(State of Country)	Neme of operation Date of Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was dua to externel causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Rusself Thomas	Where did Injury occur?
(Address) 18, BURIAL, CREMATION, OR REMOVAL 1/	
Place For Coner Date 46 ,1936	Natura of Injury
19. UNDERTAKER Putchie Brow. (Address) When Juarlbow Juryl.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 - 5-, 19 36 Thos D English, Registrar.	(Signed) anes John M. D. (Address) Fareshall

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
= 1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Juy5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. FOR BINDING ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

-WRITE PLA

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	993
County Prince Leonge	Parishadian Diat No. 21/
	Registration Dist. No. 4
Village or City Delaston	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
0 . 1 - 1	o in the state of
2. FULL NAME Joseph lilet	×
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCHO (write tha word),	21. DATE OF DEATH
That white Widowed	(Month) (Dey) (Yeer)
ie. If merried, widowed, or divorcad HUSBAND of	(month) (bey) (leet)
(or) WIFE of Runastin	22. HEREBY CERTIFY, Thet I ettended deceesed from
0.000	, 19.33, to Ray, 19
6. DATE OF BIRTH (month, dey, and yeer)	I last saw h My eliva on Jef 10 , 1936; deeth is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6:20 PM
7 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trede, profession, or particular	were estollows: The self of T Data of onset
kind of work dona, es SPINNER, farmer - reterre	B. A.
9. Industry or business in which	and the same
9. Industry or business In which work was done, es SILK MILL / Merchants. SAW MILL, BANK, etc	Denstofulans
D. Date daceased lest worked at 11 Total time (vaers)	
this occupation (month end spent in this occupation	
Silonia M. and	Other Contributory Causes of importance:
12. BIRCHT LACE (city or town)	Olive Myreselly
13. NAME Joseph July	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(Stata or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME 3 UNKnown	23. If deeth was dua to externel causes (VIOLENCE) fill in elso the following:
a comment of a comment	
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicida, or homicide? Date of Injury, 19
0 16 10 10	Where did injury occurs (Specify city or town, county and State)
7. INFORMANT 40SUPN JUCK.	Specify whether in Tury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Silesia, Mid	
18. BURIAL, CREMATION, OR REMOVAL July Med. 2-13 1936.	Menner of Injury
Date Date of 1900	Nature of injury
19. UNDERTAKE Tromas & Municay Low	24. Wes diseasa or injury in eny way releted to occupetion of daceased?
(Address) Washington, Dled	If so, specify
John 30 My antant	(Signed) E. W. Sehwark M.D.
20. FILE OLV	(Address) 1300 Man Rose ale
1 *************************************	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	7	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	41.	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		70		

STATE OF	MARYLAND-CI	ERTIFICA	TE OF	DEATH

JOC.

1. PLACE OF DEATH	0 (75)
County Prince Slovas	Registration Dist. No. 226
Village or City Prestwood	No. e Larger It Janetorgues Ward
CHI CORPORATE LINES	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tromas D. Was	llers war mo
(a) Residence: No. Mc Flaw In	Carra Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH TIRLY
M While Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. OLHEREBY CERTIFY. That I ettended deceased from
(or) WIFE of	Fill 7 1036 to File 3 1036
6. DATE OF BIRTH (month, day, and year) Quely 9-1882	I last saw h sace alive on Feb 3 1936 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1000 m.
1-3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trade, profession, or particular	were es follows:
kind of work done, es SPINNER, Darry man	alcoholie tout al Oscheren 2
9. Industry or husiness In which	was my care
work was done, es SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lung ly	0., 1
(State or country)	Delirend Premers
13. NAME Gulun m. hallen	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there en eulopsy? Z
15. MAIDEN NAMEMANNIA Susan Kirby	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Martha Susan Purby 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did Injury occur?
17. INFORMANT South In Nathan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Langely ta, Date 2/4, 19 36	Nature of Injury
19. UNDERTAKER Broker & Haycock	24. Wes disease or injury In any way related to occupation of deceased?
(Address) 3034 - On St. Mar. hus	If so, specify A
20. FILED 7. eh f , 1936 by hally M. N. Registrar.	(Signed) / schaud Do Hibadean M. D.
To the teacher.	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
4		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN

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Every PHYSICIANS

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. If of foreign birth?_ 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIF (or) WIFE of Unknown 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at______m. 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.__ 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (yeers) this occupation (month end spent in this occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? ----- Was there en au'opsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? A Colorse ges teo (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CRE NATION, OR REMOVAL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial apphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAH V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1988
1. PLACE OF DEATH	(3)
County June Genal	Registration Dist. No. 245
Village or City The attainfle	No. Sacred Jeans St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	
W W/ 00 . 1.100	
(a) Residence: No. Sacred heart Jours	St., Ward. 1448 V. St. Wosh. O.C.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	21. DATE OF DEATH
OR DIVORCED (write the word)	Tet. 10
Ternal While widowed	(Month) (Day) (Year)
5a. If merried, widowed, or divorced WISBAND OF (or) WIFE of Joseph Williams	22. Sept 1936 to Feb. 10 1936
1 1.14(2)(0)	I last saw h. S. elive on F. S. 19.36: deeth Is said
6. DATE OF BIRTH (month, day, and yeer) Sept (1986) 7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, et
1 day,hrs,	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence
OTMIN.	were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	arteur rellevous
9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Cardia - variular senal decease 5 years
10. Date deceesed lest worked at this occupation (month end year) occupetion	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance;
13. NAME Games (Guinlan) 14. BIRTHPLACE (city or town) Guland	New of souther Wille
(Stete or country)	Name of operetion
	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME (Flama Haulon) 16. BIRTHPLACE (city or 19wn) Iseland	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Stete or country)	Where did injury occur?
17. INFORMANT Sacred Heart Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL.	Menner of injury
Plece Work De Dete Jah 12, 1936	Nature of injury
@ 0 @ 11	
19. UNDERTAKER J. Saffell	24. Wes disease or injury in any wey releted to occupetion of deceesed?
(Address) of 3 - 5 three	If so, specify Mills of Mills of the
20. FILED Let 1936 Mas San Devel	(Signed) (Address) 211 R David M. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 1	936 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU	V. S.		
Other contributory causes of importance:	=======================================	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
			1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis MAD 5 1990	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		9	

Every item of infor- NANS should state ement of OCCOPA-	Length of residence in city or town where death occurredyrs,mos.	Registration Dist. No. 232 No. 2 Ward death occurred in a hospital or institution, rive its NAME instead of street and number)
ENT R. KD. Every T. L. Y. PHYSICIANS ed. Exact statement	2. FULL NAME (a) Residence: No (Unal place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year)
SSERVED FOR BINDIN INK—THIS IS A PERMAN should be stated EXAC t it may be properly classified on back of certificate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Fabr. 10, 1936 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) spent in this occupation	I HEREBY CERTIFY, That attended deceased from 19 1 last saw h alive on 19 ; death is said to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of once 19 2 4 3 3
MARGIN IE PLACEY, WITH UNFADIN I should be carefully supplied. A E OF DEATH in plain terms, so is very important. See instructic	12. BIRTHPLACE (city or town) Vashing ton (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME Vindson, Gertrud (State or country) 16. BIRTHPLACE (city or town) and Junior (State or country) 17. INFORMAN Vindson, Gertrude (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wagnyorli Muldate 15 [3], 193 (Nama of operation What test confirmed diagnesis? Accidant, suicida, or homicide? Whera did injury occur? Specify whether injury accurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury
N. B.—WRITE mation s CAUSE TION is	19. UNDERTAKER January Darchie John 19. UNDERTAKER January Darchie John 19. UNDERTAKER JANUARY JANUARY JANUARY JANUARY Registrar.	24. Was diseasa or injury in any way related to occupation of deceased? If so, specify Control Borner (Signed) Theorem Director M. D. (Address) 812448748748

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Example I		Example II	- 9
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*HEAU V. S.	t		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year